W	1.	FOR STATE REGISTRAR	DE	PARTMENT OF H	EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 6 76	75	
74 X	{TYP	CEASED NAME FIRST	PIAN F.	Bou	tch YARd	2a. DATE OF DEATH	3/20/84	26. HOUR
1	3. SE	Male	4. RACE White	S. DATE C	eb. 13, 1912	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS	_
13		RTHPLACE (STATE OR FOREIGN COUNTRY) irginia	76. CITIZEN OF WHAT COU	NITRY2 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
of the t	10.6	TO U	11. NAME OF HOSPITAL, NOT NOT IN SUCH FACILITY, GIV	E STREET ADDRESS)	PR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST OF		of BUSINE
Filled in	120.	AL RESIDENCE (IF NURSING HORSTATE)	AE OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY 1341 CITY OF THE	R TOWN	13d. INSIDE CITY LIMITS?	130. STREET-APDRESS	Jodd' Road	219
ompletely ond 2 sh		ATHER'S NAME PERST McDull		etchyard	15. MOTHER'S MAIDEN NA	na MIDDLE		lliva
s. Poges		VAS DECEASED EVER IN U.S YES NO OR UNKNOWN) (IF YE		1. SECURITY NO. 03-1041	Leonard A.	Boutchyard,	Elkton, Mar	yland XIMATE INTER
signed by the ottending then please remove carbon to buriol, cremation, or re- njury, ar other troumotic ev	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CON	SEQUENCE OF	NOT RELATED TO THE TERA	CA MINAL DISEASE OR CONT	DITION GIVEN IN PART 1	10
hos been t permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDE IN CERTIFYING CAUSES YES [	INGS USEI
this certificate he burial-transi and Mental Hygind or them 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFE LITHER NOTIFY MEDICAL EXAMINATION OF COURRED WHILE NOT WHILE	F DEATH HOUR A.M. MONT	19	211. LOCATION STREET	RED (ENTER NATURE OF INJUR		\$1
AL DIRECTOR: Afterence of the control of Health of Healt		22a.1 certify that (1) (this h	ospital) attended the deceased e on deceased do not) view theybody after death.	19 5 , or	d that jumy) (our) opinion DEGREE ATTENDING PHYSICIAN [	death occurred on the do	27t. DATE	that the couses stored
TO FUNERA should be de with the Stat	73s	224 PHYSICIATE NAME OF SCHOOL PHYSICIATE NAM	Oh LAN	DIL NAME OF C	TIVE ADDRESS E	TON INLIGATION	md	-/
P		Burial	Mar. 25, 1984	100000000000000000000000000000000000000	town (emeter	y Charlesto	yn, Cecil, A	anula
- 16 50M 4/82	L	Willes Halle	in & Som Ferry	Wille 14	anulanda MAF	RECT, BY REGISTRAR	256 NEGISTRARE SIGNA	ALIRE AND

and the state of t

in . E. I. H. The Below with your party test, resident.

include any angulary and any

1-	FOR STATE REGISTRAR ASED NAME FIRST	DE	PARTMENT OF H CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH AST	GIENE 676 REG. N Tea. Date OF DEATH		EAR 7b. HOUR
	PRINT	ILLE D	. BR	ADLEY	March 22		8:10a
3. SEX		RACE	5. DATE C		6. AGE (IN YEARS LAST BI	IRTHDAY) IF UNDER I	
	fale	Negro	Feb.		74		
co	renn.	U.S.A.	MARRIE		Cecil		
Per	rry Point, Md.	1. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GR VA Medical	Center	OR OTHER INSTITUTION	170. USUAL OCCUPAT (TYPE OF WORK FOR MOST Guard	OF WORKING LIFE) INDU	IND OF BUSINESS STRY  d. Gov!t
ISUAL In ST	RESIDENCE (IF NURSING HOME OR O ATE 34 COUNT	THER INSTITUTION, GIVE RESIDENCY  13c. CITY O		13d. INSIDE CITY LIMITS? YES NO	3723 Kansa	ZIP CODE	W 9920046
	Samuel Bradle	У	AST	15. MOTHER'S MAIDEN NA ROWENA WA	tterson		LAST
	S DECEASED EVER IN U.S. ARM 1, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)	AL SECURITY NO. 3-09-7586	Oscar Hayne	s, Cousin	Wash.	
	RAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE LANGED only which gove rise to immediate cause (a), stating the underlying cause last.	BY: CAUSE (a) Comp  DUE TO, OR AS A COM  (b)  DUE TO, OR AS A COM  (c)	olete hea		NNAL DISEASE OR CON		NPROXIMATE INTERVAL WEEN ONSET AND DEA
CERTIFICATION	DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CA	
	OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MON'	TH DAY YEAR	21c HOW INJURY OCCUR		URY IN ITEM 18 PART LORPA	IRT 21
(II)	Id. INJURY OCCURRED  WHILE OOT WHILE OT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR 1	OWN COUN	NIY STATE
	2a.1 certify that XI) (this haspita XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxxx	XXXXXXX	mber 28, 19 nd that in (my) (aur) apinion	79, to March death accurred on the c		
	7b. SIGNATURE			DEGREE  ATTENDING PHYSICIAN [		AFF _	3-22-84
	LOUISE SULTA			VA Medical	Center, Pe	rry Point	
	RIAL, CREMATION, REMOVAL	23b. DATE 3/27/84	Lee Cre	EMETERY OR CREMATORY	23d. LOCATION	ton, D.C.	STATI
	VERAL DIRECTOR	Ar	ODRESS	/	E REC'D. BY REGISTRAL		GNATURE

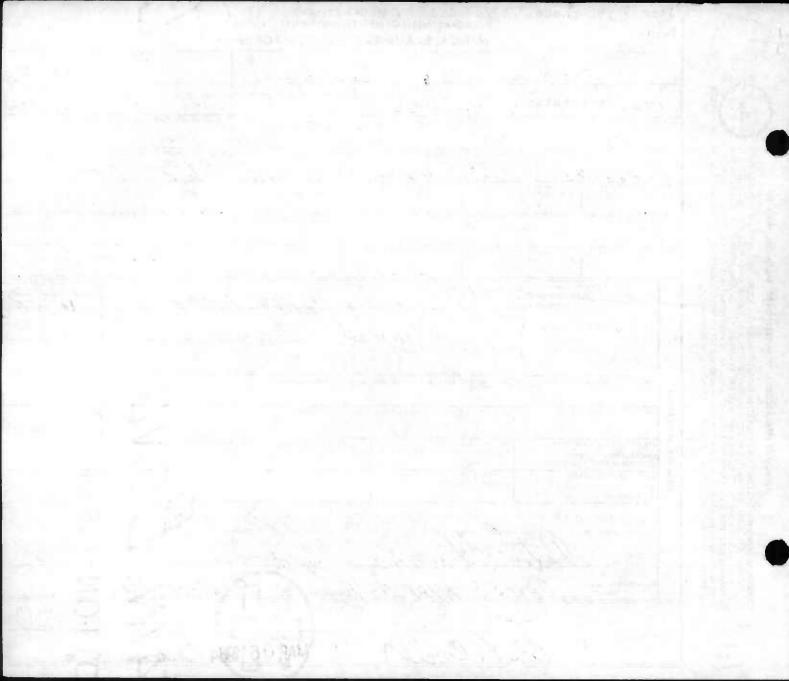
SOUTHER OF TENER METCH SO, 100 date of the contract Serry Weint, Mail W. Weilion Conter then be end 6 0 Voling Imple 6 . gre te todour desire towner, correct desired desired September 25 | Tanch 22 | September 25 | September LOT STATES FOR THE PARTY OF THE PARTY OF THE POINT FORTER POINT, TO,

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MoSuire Function Services Lesitington, CO.

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53	1 tem 4 per phone 3/12/84 dad STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REGISTRAR	
COURS COURS TRAHT,	1. DECEASED NAME FIRST MIDDLE LAST 26. DATE KNOWN X MON OF ESTI- DEATH MATED 3  1. SEX 1. RACE 15. DATE OF BIRTH 16. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MON)	1 1984 1531
A A A A A A A A A A A A A A A A A A A	The Caucastan 1921 13 yrs. DEAD  75. CITIZEN OF WHAT COUNTRY?  8. MARRIED WHEVER MARRIED 9. BALTIMORE CITY OR COUNTRY.	1984 S3/M
NAY 15 NA	WIDOWED DIVORCED CECIL  III. CITY OR TOWN OF DEATH  III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  IZO. USUAL OCCUPATION (TYPEOF WOLL)  FOR MOST OF GORDING LIFE)	RK 12b KIND OF BUSINESS OR INDUSTRY
F ANY DE F AND 3TG 2, AND 3TG CHOULD B	SUAL RESIDENCE HOME OR OTHER INSTITUTION, GIVE RESIDENCE BERDIFIC BERDIFICATION   13d. INSIDE (ITY LIMITS?   13e STREET ADDRESS   13d. INSIDE (ITY LIMITS?   13e STREET ADDRESS   15 MOTHER'S MAIDEN NAME	21914
BALTIMORE, MD. S. AFTER DEATH. IF G.V.E PAGES 1. 2. ITH FORM PM 3. INPAGES CAND 2.6 WISIGIN OF WITHIN	Harvey    160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (FEVES, GIVE WAR OR DATES)    160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (FEVES, GIVE WAR OR DATES)    160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (FEVES, GIVE WAR OR DATES)	en e
201 W. PRESTON ST., UIED WITHIN 24 HOUR IN PENCIK IN ITEM 18, EXAMINER ALCINIC W RIAL, TRANSIT PIRMIT, D MENTAL HYGIENE, D ON, OR REMOVAL.	It CAUSE OF DEATH (Enter only one couse per line to (o), (b), ond (c).)  PART I DEATH WAS CAUSED BY:  MMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o) storing the underlying couse lost.  (c)  WW IT  1219-05-4726 Margaret Buchanan Charl  DISPASS  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	APPROXIMATE INTERVAL BETWEEN CNSET AND DEATH
E SHOULD BE EXECUTE WORD "FENDING" IN NORD "FENDING" IN BE USED AS A BRIAL N'T DE HEALTH AND A BURLAL	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19th Condition for which operation was performed?  21th TIME OF INJURY  121th EXTERNAL CAUSE WAS  21th TIME OF INJURY  121th AM MONTH DAY YEAR  21th HOW INJURY OCCURRED TENTER NATURE OF INJURY IN ITEM 18 PART 1 to	20 AUTOPSY?  YES □ NO ☑
ISION OI RTIFICAT NG THE V D TO THI SHOULD PRIOR TO	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION	37%
DIV TO MEDICAL EXAMINER: THIS CR EXECUTE THE CERTIFICATE. WRITH PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DI BALLWOORE, MARYLAND, 212011	27a   Certify that I took charge of the remains described above, held on Autopsy   , Inspection   , Inquiry   , and in my death resulted from: Natural causes   , Accident   , Suicide   , Hamicide   , Undetermined manner   , TITLE (SPECIFY)	1 1
TO MEDIC. EXECUTE 17 PAGE 4 SH PATE NORAL BALTANORI	EXAMINER'S NAME PETER STOVERNIS MADDRESS ELLOWN MU	, [///
BP	236 BURIAL CREMATION, REMOVAL 236 DATE 3-4-84 Bay View Cemetery Bay View Cecil Bay View Cemetery Bay View Cecil Provided Bay View Cemetery Bay View Cecil Provided Bay View Cecil Bay View Cemetery Bay View Cecil Bay V	
20M 4/82	WITH TO SOM GUILD DANGE	- Hondalls



		CERTIF	ICATE OF DEATH	O / O	10.		
1. DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH		Y YEAR	2b. HOUR
GEOF	RGE V.	, CHALME	RS, SR.	MARCH 18,	1984		2:20AN
1.5EX	4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24
MALE	WHITE	NOT	1. 11,1907	76	YRS.		
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT O	COUNTRY? 8. MARRIE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY C		OF DEATH	
PERRY POINT, MD	VA NEDICAL		DR OTHER INSTITUTION	120 USUAL OCCUPAT SHIPPING	ON OF WORKING LIFE) SUPER	126. KIND C INDUSTRY VISOI	R COV
USUAL RESIDENCE (IF NURSING HON		LMINGTON	13d. INSIDE CITY LIMITS?	13 . STREET ADDRESS	ZIP CORA	L001	P999
DAVID	MIDDE CH	ALMERS	15. MOTHER'S MAIDEN NA MARY	MIDDLE			ART
160 WAS DECEASED EVER IN U.S. (VES NO OR UNKNOWN) (IF YES		66-03-2956	G.VICTOR C		INGTON		
underlying cause lost		CONSEQUENCE OF					119
PART 2. OTHER SIGNIFICAL	NT CONDITIONS CONTRIB	ONE-		AINAL DISEASE OR CON	20b. IF YES, V	WERE FINDI	NGS USED
PART 2. OTHER SIGNIFICAL	NT CONDITIONS CONTRIB	UTING TO DEATH BUT	LEEDING		20b. IF YES, V	WERE FINDI	NGS USED
PART 2 OTHER SIGNIFICAL  LIVER FAILE  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	IC) NA AS AN ICONDITIONS CONTRIB  JRE, GASTROIN  196. CONDITION F  196. CONDITION F  196. HIME OF INJUITED HOUR A.M. M	UTING TO DEATH BUT  ITESTINAL B  OR WHICH OPERATIO	LEEDING IN WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, VIN CERTIFYI	WERE FINDII	NGS USED
PART 2. OTHER SIGNIFICAL  LIVER FAIL  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	IC) NI CONDITIONS CONTRIBUTES, GASTROIN  196. CONDITION F  216. PLACE OF INJUI  217. PL	UTING TO DEATH BUT  TESTINAL B  OR WHICH OPERATIO  RY  ONTH DAY YEAR  19	LEEDING IN WAS PERFORMED	200 AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFYI YES JRY IN ITEM 18 PAR	WERE FINDII	NGS USED
PART 2. OTHER SIGNIFICAL  LIVER FAILL  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O  416 EITHER, NOTHEY MEDICAL EXAN 21d. INJURY OCCURRED  MILE NOT WHILE AL WORK  22a.1 certify that (1) (this h  sow the deceased alive above, (1) (we) (did) (di)	TOODITIONS CONTRIBUTED TO THE PLACE OF INJUITED THE PLACE OF INJUI	UTING TO DEATH BUT  ITESTINAL B  OR WHICH OPERATIO  ONTH DAY YEAR  19  URY  ONTH DAY YEAR  19  URY  ORY, OFFICE, FARM, ETC.)  ased from April  20  21  22  23  24  25  26  26  26  26  26  27  27  28  28  29  20  20  20  20  20  20  20  20  20	LEEDING  N WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION SIREET  12 19 82  nd that in (n*) (our) opinion	200 AUTOPSY?  YES NO AUTOPSY?  YES NO AUTOPSY?  YES NO AUTOPSY?  CITY OR TO	20b. IF YES, IN CERTIFY! IN CERTIFY! YES JRY IN ITEM 18 PAR	COUNTY	NGS USED S OF DEATH' NO STAI
PART 2. OTHER SIGNIFICAL  LIVER FAIL  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O  (IF EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED  HILE NOTIFY MEDICAL EXAM ALWORK ALWORK 22a. I certify that (I) (this h sow the deceased alive obave, (I) (we) (did) (di) 22b. SIGNATURE	TICONDITIONS CONTRIBUTED IN TOUR AS A NOTICE OF INJUINATION OF INJ	UTING TO DEATH BUT  ITESTINAL B  OR WHICH OPERATIO  ONTH DAY YEAR  19  URY  ONTH DAY YEAR  19  URY  ORY, OFFICE, FARM, ETC.)  ased from April  20  21  22  23  24  25  26  26  26  26  26  27  27  28  28  29  20  20  20  20  20  20  20  20  20	LEEDING  N WAS PERFORMED  21t. HOW INJURY OCCUR  21t. LOCATION STREET  12 , 19 82  nd that in (nx) (our) opinion  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO	20b. IF YES, IN CERTIFY! YES JRY IN ITEM 18 PAR DWN  18 . 19	WERE FINDING CAUSES  TO OR PART 2)  COUNTY	NGS USED S OF DEATH' NO  stal that ** (we causes state
PART 2. OTHER SIGNIFICAL  LIVER FAILL  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O  416 EITHER, NOTHEY MEDICAL EXAM 21d. INJURY OCCURRED  MILE NOT WHILE ALL WORK  22a.1 certify that (1) (this h  sow the deceased alive above, (1) (we) (did) (di)	TOODITIONS CONTRIBUTED IN TOODITIONS CONTRIBUTED IN THE OF INJUING FROM A MAINER P.M.  216. PLACE OF INJUING A MAINER P.M.  217. PLACE OF INJUING A MAINER P.M.  218. PLACE OF INJUING A MAINER P.M.  218. PLACE OF INJUING A MAINER P.M.  219. PLACE OF INJUING A MAINER P.M.  219. PLACE OF INJUING A MAINER P.M.  210. PLACE OF INJUING A MAINER P.M.	UTING TO DEATH BUT  ITESTINAL B  OR WHICH OPERATIO  ONTH DAY YEAR  19  URY  ONTH DAY YEAR  19  URY  ORY, OFFICE, FARM, ETC.)  ased from April  20  21  22  23  24  25  26  26  26  26  26  27  27  28  28  29  20  20  20  20  20  20  20  20  20	LEEDING  IN WAS PERFORMED  216. HOW INJURY OCCUR  211. LOCATION STREET  12 , 19 82  Ind that in (n*) (our) opinion  DEGREE  ATTENDING	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJU  CITY OR TO  death occurred on the d  MEDICAL STA  DIRECTOR PHYSIC	20b. IF YES, IN CERTIFYI YES  JRY IN ITEM 18 PAR  DWN  19  dote and hour co	county  284  210 DATE  210 DATE  3/18/	NGS USED S OF DEATH NO That X (we causes state
PART 2. OTHER SIGNIFICAL  LIVER FAIL  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O  (IF EITHER, NOT IFFY MEDICAL EXAM 21d INJURY OCCURRED  MILE NOT WHILE ALWORK ALWORK 22a. I certify that (I) (this h sow the deceased alive above, (I) (we) (did) (di 22b. SIGNATURE  22d. PHYSICIAN'S NAME (I)	TOODITIONS CONTRIBUTED TO THE PLACE OF INJUINATION OF THE PLACE OF TH	UTING TO DEATH BUT  ITESTINAL B  OR WHICH OPERATIO  RY  ONTH DAY YEAR  19  URY  ORY, OFFICE, FARM, ETC.)  ased from April  19  84 o.	LEEDING  IN WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION SIREE  12 , 19 82  Ind that in (n*) (our) opinion  DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS	200 AUTOPSY?  YES NO	20b. IF YES, IN CERTIFYI YES  JRY IN ITEM 18 PAR  DWN  19 date and hour of the control of the co	county  284  210 DATE  210 DATE  3/18/	NGS USED S OF DEATH NO STA

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

PERMIT WHITE HOW, 11,1907 76

DELAWARE USA CENTER SHIPPING SUPERVISOR STORM
DELAWARE USA CENTER SHIPPING SUPERVISOR STORM
DELAWARE CANDING SUPERVISOR STORM
DELAWARE STORM A SIZ S. COMA ADDR
DAVID C. CHALLERS MASS S. COMA ADDR
VES UNA S THE-12-2056 S. VICTOR CHALLERS
COMMENCE CANDING FAILURE
COMMENCE CANDING FAILURE

LIVER TAILURE, GASTROINTESTINAL PLEEDERS

7.

urs ofter death

TO FUNERAL DEECTOR. After this certificate has been upped by the ottending physicion and completely filled in be should be detacted for some as the funnal from please remove carbon papers. Pages 1 and 2 should be fill with the State Days of Health and Mental Hygume print to buriol, cremotion, or removal.

4 may be

ins that the death certificate be executed within 24 hours

OR ATTENDING PHYSICIAN. The lo

TO HOSFITAL

BP\_\_\_\_\_ DHMH - 16 50M 4/8

(VRA 15, 4)

moined by the hospitol or ottending physician

0 1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0,0,	9
	ECEASED NAME FRST	JOSEPH MIDDLE (NMI)	CIAMPOLI	REG. NO.  2a. DATE OF DEATH MON	1 ( A &=
3. SE	EX Male	PRACE CAUC.	5. DATE OF BIRTH  MONTH  DAY  YEAR	6. AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70. 8	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR CO	OUNTY OF DEATH
10.0		11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	IZE KIND OF BUSINESS OR INDUSTRY  d - Tile Setter
5 USL 13a	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	/N 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 391 Malo	nev Rd. 21921
14. F	FATHER'S NAME FIRST Pasqua?	MIDDLE LAST Ciampol	15. MOTHER'S MAIDEN N FIRST Maria		Thomasa
	WAS DECEASED EVER IN U.S. ARI (YES, NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? 166. SOCIAL SECU E WAR OR DATES) 093-01-0	0438 Aka Guns	310 Pennsylv	rania Ave. Eliktor
NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO E	rgester Heo	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
	21 g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		AY YEAR	RRED (ENTER NATURE OF INJURY IN I	ITEM IS PART I OR PART 2)
MEDICAL	21d INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FI	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	27s.I certify that (I) this hospit saw the declared alive on above. (private did) (did not 27h SIGNATURE  27s. PHYSICIAN'S NAME - CIPE OF JOSEPH G.	and the second	DEGREE ATTENDING PHYSICIAN 220. ADDRESS		
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23h DATE 23t. N	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	ICKS HOME 66	NEKALS, ELKTON,	MD. 21921 MAR	27 1984 T	BEAUTIES SELFERINGER

- and office and office of the parties of the control of the contr usyle iki yi mil te Principles treet, large, c. 21/21 3-21-3= | integrate Conception Constant, there's 111, 5d COLUMN COST SES CONTRACTO EXCLUSION NO. 21921 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the buriol-transit permit. Then please remave corbangopers. Pages 1 and 2 should be find with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	- STATE REGISTRAR		DEPARTMENT OF I	FICATE OF DEATH	REG. N	0.	
	CEASED NAME E OR PRINT)	2 Jon	nes De	AN	20. DATE OF DEATH	3/19/84	2b HOUR
3. SE)	X	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR		
F	emale	White	Augu	st 9, 1907	76	YRS.	AYS HOURS
(	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF WHAT	COUNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY O	DR COUNTY OF DEAT	н
10. CI	EXTON.	(IF NOT IN SUCH FACILI	TAL, NURSING HOME ( ITY, GIVE STREET ADDRESS)  IOSPITAL	OR OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewife	OF WORKING LIFE) INDUS	ID OF BUSINES
13e. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP	NTY 13c. C	ESIDENCE BEFORE ADMISSION) CITY OR TOWN CIKEN	13d. INSIDE CITY LIMITS? YES MO	13e STREET ADDRESS 234 Melbou	urne Blvd.	2192
14. F.A	ATHER'S NAME Charles	MIDDLE	Jones	15. MOTHER'S MAIDEN NA Elizabet	4410010	Sin	Mons
16a V	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	OCIAL SECURITY NO. 19-34-0233	Howard J. De	ADDR		
	1629	DUE TO, OR AS A	CONSEQUENCE OF	NED III	NA CAN	-60	
FICATION	Canditians, if any, which gave rise to immediate couse (a1), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT (19a DATE OF OPERATION	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  CONDITIONS CONTRI	CONSEQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN IN PAR 20b. IF YES, WERE FII IN CERTIFYING CAL	NDINGS USED ISES OF DEATH
AL CERTIFICATION	Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (190 DATE OF OPERATION 190 CAUSE OF DE OR CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  CONDITIONS CONTRI  19b CONDITION  31b, TIME OF INJU HOUR A.M.	CONSEQUENCE OF  CONSEQUENCE OF  BUTING TO DEATH BUT  FOR WHICH OPERATION  URY  MONTH DAY YEAR	T NOT RELATED TO THE TERM	200 AUTOPSY?  YES NO.	IDITION GIVEN IN PAR  20b. IF YES, WERE FII IN CERTIFYING CAL YES	NDINGS USED ISES OF DEATH NO
MEDICAL CERTIFICATION	Canditians, if any, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  CONDITIONS CONTRI  196 CONDITION  198 CONDITION  P.M.  216 PLACE OF IN.	CONSEQUENCE OF  CONSEQUENCE OF  BUTING TO DEATH BUT  FOR WHICH OPERATION  URY  WONTH DAY YEAR  19	T NOT RELATED TO THE TERM	200 AUTOPSY?  YES NO.	20b. IF YES, WERE FII IN CERTIFYING CAL YES	NDINGS USED ISES OF DEATH NO [
	Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (190 DATE OF OPERATION)  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  CONDITIONS CONTRI  19b CONDITION  21b. TIME OF INJU- HOUR A.M. A P.M.  21e PLACE OF IN. (AT HOME, STREET, FAI  (ital) attended the dece	CONSEQUENCE OF  CONSEQUENCE OF  CONSEQUENCE OF  BUTING TO DEATH BUTING TO DEAT	TNOT RELATED TO THE TERM ON WAS PERFORMED  211. LOCATION STREET  Dec. 19.83 and that in (my) (our) opinion DEGREE  ATTENDING	200 AUTOPSY?  YES NOS  RED (ENTER NATURE OF INJU-  CITY OR TO  MEDICAL STA  MEDICAL PHYSIC	20b. IF YES, WERE FII IN CERTIFYING CALLYES OWN COUNT  19 19 84 lote and hour and from 18 PART 1 OR PART 1	NDINGS USED ISES OF DEATH NO []  7 S1,  4 that (1) (w the couses stat  ATE SIGNED 123 SH

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DHMH - 16 50M 4/82 (VRA 15, 4)

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FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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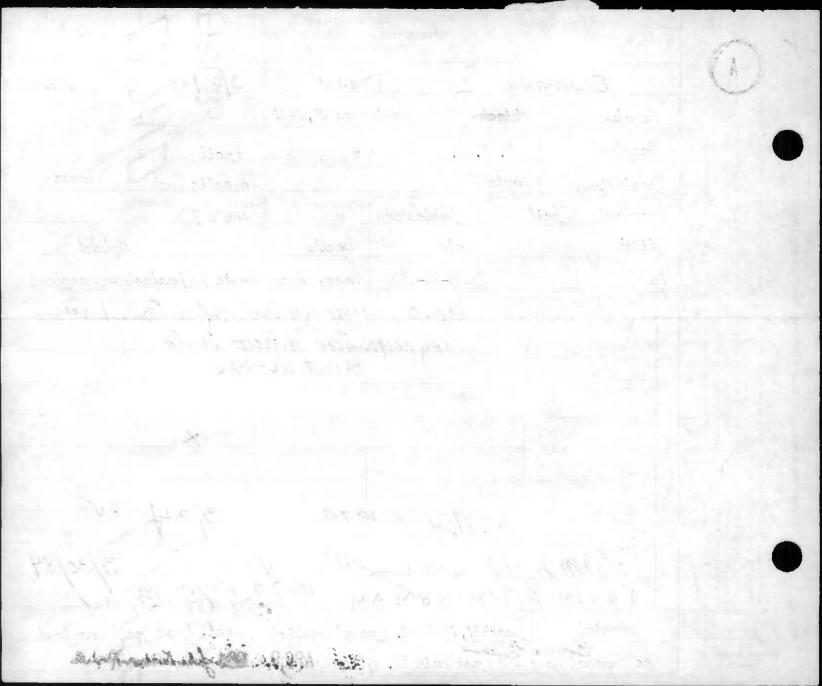
Ŀ	SEX Female  B. BIRTHPLACE   STATE OR FOREIGN COUNTRY!  ANULAND D. CITY OR TOWN OF DEATH  Charlestown SUAL RESIDENCE   IF HURSING HOM 30 STATE  ANULAND I. FATHER'S NAME  Lijah  B. WAS DECEASED EVER IN U.S. AYES, NO OR UNKNOWN  IIF YES  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  190 DATE OF OPERATION				1.4			EG. NO.	DAY YEAR	In more
		PROTA	MIDDLE		I	EAN	3/20	1/84	DAT TEAM	26 HOUR
3 SEX	-	4 RAC	Black		5. DATE O Septe	r BIRTH	6. AGE (IN YEARS	LAST BIRTHDAY) YRS	MONTHS DAYS	HOURS /
7a. BI	IRTHPLACE   STATE ORFO		U. S. 1	T COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE O			
(	harlestown	Ro	ute /	ILITY, GIVE STREET AD	DDRESS)	R OTHER INSTITUTION	120. USUAL OCC TYPE OF WORK FOR	MOST OF WORKING	LIFE) 126. KIND (	of Business Duse
13a	STATE ,	ng home or other in 13h COUNTY Cecil	NSTITUTION GIVE	CITY OR TOWN	1 1	13d. INSIDE CITY LIMITS?	130 STREET ADD	RESS / ZIP CO	DE 2.19	14
14. FA	lijah lijah	WIDDLE	C	ole		15. MOTHER'S MAIDEN NA Bertha	M	DDLE	Hylan	d d
A	YES, NO OR UNKNOWN)	N U.S. ARMED FO (IF YES, GIVE WAR OI		50CIAL SECURI 00-26-2		Rosay Loper	Route 7	ADDRESS Charle	stown M	arıılan
	gove rise to imm cause (a), stating underlying cause	which dedicate g the last	(b) UE TO, OR AS	A CONSEQUENT A CON	NCE OF	beant all	MINAL DISEASE OF	CONDITION O	GIVEN IN PART 1	a
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1 11	gove rise to imm cause (a), stating underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UNDION OR CONTRIBUTING C.	which lediote of the lost.  IFICANT CONDITION  IFIC	(b) UE TO, OR AS  Ic)  THONS CONTRO  TO TIME OF IN,  P.M.  P.M.  PLACE OF IN	A CONSEQUENT OF THE PROPERTY MONTH DAY	DPERATION  Y YEAR  19	N WAS PERFORMED	200 AUTOPS	20b. IF Y	YES, WERE FINDI TIFYING CAUSES YES []	NGS USED S OF DEATH? NO []
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DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 haw the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours attendined by the haspital or attending physician.



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune stand be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within with the State Dest, of Health and Mental Hygene prior to burial, cremotion, or removal.

WPORTANT If Item 21 a marked or Item 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND

1.	FOR - STATE REGISTRAR	DEPAR		H AND MENTAL HYG TE OF DEATH	REG. NO	0.		
{TYP		eph E.		orak		MONTH DAY	184	12 35
3. SE	Male	RACE	5. DATE OF BIR	DAY YEAR OF	6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	HOURS MIN.
70. B	COUNTRY) (STATE OR FOREIGN	75. CITIZEN OF WHAT COUNTR	MARRIED WIDOWED	NEVER MARRIED   DIVORCED	9. BALTIMORE CITY O	eci/	FDEATH	MD
10.0	EKton	11. NAME OF HOSPITAL, NUR.  (IF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	sing Cen	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O BLACHIMI	F WORKING LIFE)	INDUSTRY	F BUSINESS OR -employe
13a.	Maryland 13b. COU	OR OTHER INSTITUTION, GIVE RESIDENCE BER JNTY 13c. CITY OR TO ECI EK	ton YE	INSIDE CITY LIMITS?	130 STREET ADDRESS	A	n S+	. 21921
14. F.	ATHERS NAME  FIRST  JOSEP 1	P. LAST Dvor		AOTHER'S MAIDEN NAI	MIDDLE		SUC	boda
		RMED FORCES? 166. SOCIAL SE 215-16		Marie Di		SS 34 NA Elkto	n, Mo	Allen
ATION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF AS	ODEATH BUT NOT		NINAL DISEASE OR CONI	DITION GIVEN		
CERTIFICATION	210, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c	HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJUR	IN CERTIFY IN YES [		OF DEATH?
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE AT WORK  AT WORK			LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
	220.1 certify that (I) (this haspened alive on above, I) (Warraid) did no 22b. SIGNATURE	as Tyrew the body offer destil.		EE	death occurred on the do		22c. DATE 3	SIGNED
23a	BURIAL STEMATION, REMOVAL			721 Bradge	Street, Elk	ton, Md	1. 219	21
	Burial				n Cemetery		Hill	STATE Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

ADDRESS 21921 ELKTON.

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received the additional to the first the state of the sta All in Same agreet, Litter, bu. 21/2; 3-12-an Casemiage onconvion orthogon, perventi.

TO FUNERAL DIFFCTOR. After the contriction has been ugued by the ottending physician and completely filled in by should be detached to use on the benefit contributions from please remove corbonopers. Page and 2 should be fine with the State Dept. of Health and Mental Hypaner and the buriol, cremation, or removal.

TO HOSPITAL OF ATTEN

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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SERVIPLIAGE (STATIONIONISM)   White   S. DATE OF BIRTH   S. AGE (INTERNAL ALBERT HEADING DATE   S. DATE OF BIRTH   S. AGE (INTERNAL ALBERT HEADING DATE   S. DATE OF BIRTH   S. AGE (INTERNAL ALBERT DATE   S. DATE OF BIRTH   S. AGE (INTERNAL ALBERT DATE   S. DATE OF BIRTH   S. AGE (INTERNAL ALBERT DATE   S. DATE OF BIRTH   S. AGE (INTERNAL ALBERT DATE   S. DATE OF BIRTH   S. DATE OF WAS SOUTH   S. DATE OF BIRTH   S. DATE OF BIRTH   S. DATE OF WAS SOUTH OF BEATH   S. DATE OF BIRTH   S			FIRST			L	LAST							
Male  White  Warch 1ºH 19897  76  785  ***  ***  ***  ***  **  ***  ***			Patric	k J. E	dmond			1	larch 1	10,	1984	4	:25	F
The Birth Place   State Defortion   The Critizen of What Country   State   Deformation   The Critizen of What Country of Death   Cecil   Cecil   Divorced   Divorce	3. SE	Х	4. F	RACE						DAY}			D. IDEN E.	4 HI
ARRIED & INCRED   DOPCED   DOPCED   COLI    WINDOWED   DOP		Male	- / -	Whit	te	Marc	ch 17 1907	'	76	YRS.			JONS	741
BING LITY OF TOWN OF DEATH    Ferry Point   11. NAME OF HOSPITAL NURSING HOME OF OITHER INSTITUTION   12. UNDATED   12. CAUSE OF OITHER INSTITUTION   13. CAUSE OF OITHER INSTITUTION   13. CAUSE OF DEATH   13. CAUSE OF D	7a. Bl	IRTHPLACE (STATE OF	R FOREIGN 7b.			RY? 8.	NEVER MARRIED		_	COUNT	Y OF DEAT	H		
Perry Point Perry Point V.A. Med. Cen Creater Construction of the Court of	_	-				WIDOWE	DIVORCED	Ced						
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136 STATE   136 COUNTY   136 COUNTY   136 INSIDE CITY LIMITS   136 STEETS ADDRESS / ZIP CODE   157 CODE   157 COUNTY   158 INSIDE CITY LIMITS   136 INSIDE CITY LIMITS	-				-		A. Med. Cen	Cus	t. Sei	rv.	Ut	111	tle	3
The third is a constitution of the course	13a. S	STATE	13b COUNTY		13C CITY OR T	AWO.		130 STREET .	ADDRESS / Z Lakes	ZIP.COD	e Dr.	17	0	1
JOHN Edmond Charlotte Maloy  16 WAS DECEASED EVER IN U.S. ARMED FORCES  [16 YES, CHO WAR OR BAILE)]  OS 2 05 9942 VAMC, Perry Point, Maryland  18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  PART I DEATH WAS CAUSE BY  (b)  DUE TO, OR AS A CONSEQUENCE OF  Couse (a), istoing the underlying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CAUSES OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CAUSES OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CAUSES OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CAUSES OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CAUSES OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CAUSES OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CAUSES OF DEATH BUT NOT	N.F/							AME						-
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Secure of the right lung					166 SOCIAL S	ECURITY NO.	17. INFORMANT		ADDRESS	S				Ī
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (g)  DUE TO, OR AS A CONSEQUENCE OF  (h)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (g)  DUE TO, OR AS A CONSEQUENCE OF  (h)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE  (d)  DUE TO, OR AS A CONSEQUENCE				AR OR DATES	052 05	5 9942	VAMC, Perr	y Point	t. Mary	ylan	d	100	-	
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.  196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  216, ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER NOTBY MEDICAL EXAMINER)  216, ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER NOTBY MEDICAL EXAMINER)  P.M.   19  216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART I OR PART ?)  2176 HOW INJURY OCCURRED (IN TOR INJURY IN TIEM 18 PART I OR PART ?)  218 INJURY OCCURRED (AI WORK   AI WORK					line for (a), (b)	ond (c).)					BETW	PROXIMATI VEEN ONSE	E INTERV	AL E /
OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  216. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, EIC.)  270. I certify that (I) (this hospital) attended the deceosed from saw the deceosed clive on obove, (M(we) (did) (MCM) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3-10-84  272. DATE SIGNED  273. DATE SIGNED  274. DATE SIGNED  275. DATE SIGNED  276. DATE SIGNED  276. DATE SIGNED  277. DATE SIGNED  278. DATE SIGNED  278. DATE SIGNED  279. DATE SIGNED  270. DATE SIGNED  270. DATE SIGNED  270. DATE SIGNED  271. DATE SIGNED  272. DATE SIGNED  273. DATE SIGNED  274. DATE SIGNED  275. DATE SIGNED  276. DATE SIGNED  276. DATE SIGNED  277. DATE SIGNED		couse (o), statunderlying cous	ing the se lost.	(c)										_
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22a. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on 3-10-19 84, and that in the course star obove, (X (we) (did) (X	CERTIFICATION	PART 2 OTHER SIC	ing the lost.  SNIFICANT COM  ATION	19b. CONDI	TION FOR WH	TO DEATH BUT	ON WAS PERFORMED	20a AUTO	NOX	20b. IF YE IN CERTI	ES, WERE FI	NDINGS USES OF	DEATH	1?
27a. I certify that (I) (this haspitol) attended the deceased from 6-13-, 19.83, to 3-10-, 19.84, that (K(v sow the deceased alive on above, (X(we) (did) (X(x))) view the body after death.  27b. CATERIOR MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3-10-84  27c. DATE SIGNED 3-10-84	0	PART 2 OTHER SIC	ING THE SOLE IN T	196 CONDI	TION FOR WH	TO DEATH BUT	214 HOW INJURY OCCU	20a AUTO	NOX	20b. IF YE IN CERTI	ES, WERE FI	NDINGS USES OF	DEATH	1?
226 PHYSICIAN'S NAME (179E GRPRINT)  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3-10-84	0	PART 2 OTHER SIG	ATION  ATION  CAUSE OF DEATH  DICAL EXAMINER)  RRED	19b CONDI  19b TIME OI HOUR A./	DITRIBUTING  TION FOR WH  FINJURY  W. MONTH  W. DFINJURY	TO DEATH BUT  HICH OPERATIO  DAY YEAR  19	214 HOW INJURY OCCU	20a AUTO	NOK)	20b. IF YE IN CERTI Y IN ITEM 18	ES, WERE FI IFYING CAU ES PART I OR PAR	NDINGS USES OF N	DEATH	
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ALEXIS ABRIL, M.D. VAMC, Perpy Point, Maryland	O	PART 2 OTHER SIC  19a DATE OF OPER.  21a. ACCIDENT WAS UI OR CONTRIBUTING  (IF EITHER NOTHY ME) 21d. INJURY OCCUI WHILE NOTHY ME) 22a. I certify that ( sow the decea above, ()(we) 22b. SICMATURE	ATION  ATION  ATION  ATION  ATION  CAUSE OF DEATH  DICAL EXAMINER)  RRED  WHILE  ORK  J) (this hospitol)  seed olive on  (did) (d(d)) ()	19b. CONDI 19b. CONDI 19b. TIME OI HOUR A./ 19c. PLACE ( (AT MOME, SIR offended the	TION FOR WH  FINJURY W. MONTH W.  DF INJURY EET, FACTORY, OFF	DAY YEAR  19 FICE, FARM, ETC.)	211 LOCATION STREET  19.83  nd that in XX (our) opinion DEGREE  ATTENDING PHYSICIAN	20a AUT( YES	DPSY? NOK  NOK  NOK  CITY OR TOWN  d on the dote	20b. IF YE IN CERTI Y IN ITEM 18	S, WERE FI IFYING CAL ES  PART I OR PAR  COUNT  19 84  17 84  22c. E	NDINGS USES OF N T 2)  y  thota the countries of the coun	STATE OF THE STATE	AT
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FOR - STATE

(VRA 15, 4)

REGISTRAR

MD. 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ino cery PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES [ NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) apinian death occurred an the date and hour and from the couses stated 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN ELKTON MD MEH 23d LOCATION resaneake ast Main St.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

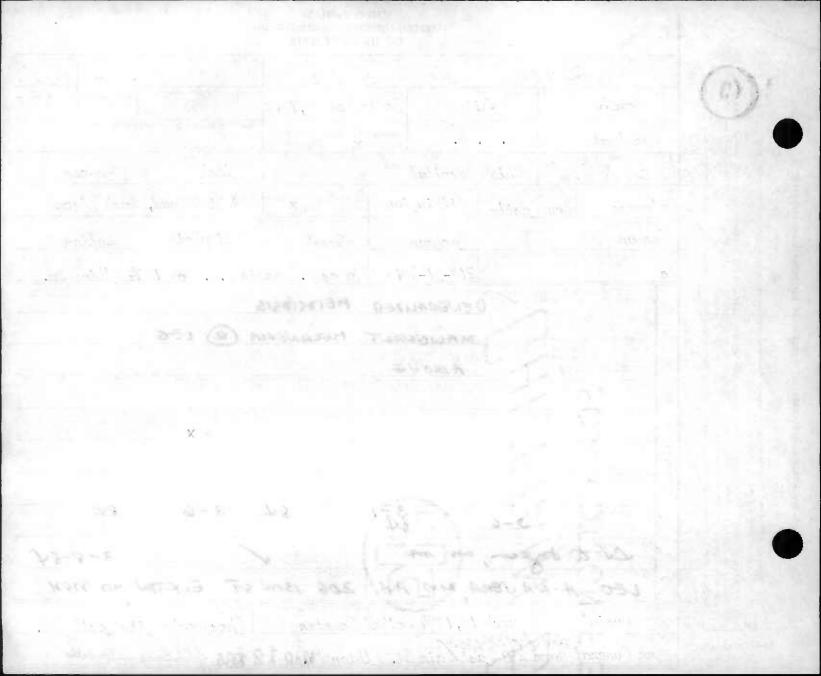
REG. NO

64

25 HOUR

IF UNDER 24 HRS

IF UNDER 1 YEAR



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low erouned by the haspital or attending physician.

_		FOR
1	-	STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1-	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.			
	CEASED NAME OR PRINT)	VA3e	1	G	Fe	RRICK	20. DATE OF DEATH	3/1	6/84	26 HOUR 1802	
3. SE)	Female	4.	RACE White		S. DATE C		6. AGE (IN YEARS LAST B	YRS.	IF UNDER I YEAR	HOURS	MIN.
1	RTHPLACE (STATEOR)		1. S. A	WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY	OR COUNTY	Y OF DEATH	2	MD.
10. CI	E/K TON	TH 1	(IF NOTIN SUC	HOSPITAL, NURSING HEACHTY, GIVE STREET, ON HOSPITAL	ADD FESS	OR OTHER INSTITUTION	120. USUAL OCCUPATION OF THE SE WORMFOR MOST			of BUSINESS	SOR
1301 S	al residence (IF NURS STATE aryland	136 COUNT	Y)	130 CMY OR TOWN	ADMISSION) N	13d. INSIDE CITY LIMITS? YES PO [	134. STREET APPRESS	elawar	e Avenu	192	4
14. FA	Harry Harry	MI	DDV#1	Coll	ier	15. MOTHER'S MAIDEN NAM Genterude	WE		Holden	,T	
16a V	VAS DECEASED EVER		ED FORCES? WAR OR DATES)	216-18-2	284	James M. Fe	nnick 106 L		ne Ave.	Elbti	on
CERTIFICATION		NIFICANT CO	510N			NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES	S, WERE FINDIN	NGS USED	1?
	210. ACCIDENT WAS UNI	CAUSE OF DEATH	216. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	_		NO [	
MEDICAL	21d. INJURY OCCUR	THE [	218. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STA	TE
	220.1 certify that (1) saw the decease abave, (1) (we) (c	ed aliya en_	14/24	19	83.01	nd that in (my) (aur) apinian	death accurred an the	date and hav		that (1) (we causes state	
	22b. SIGNATURE	23	este		p	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN []	3/19	SIGNED	
	COARY	BF5	SFE			270. ADDRESS	I W. MAIR	1 57,	F C K-70	n ps	0.
23a. B	BURIAL, CREMATION,	REMOVAL	Parch!	9,1984 C		7	23d. LOCATION CITY OF TOWN THE CENTRE OF TOWN	lle Qu	ueen An	nes lir	1
24 FU	Gee Fune	ral Hor	ne 259	Cast lai	r St.	Elkton MMAR	E REC'D. BY REGISTRA	R 256. REGIST	TRAR'S SIGNAT	URE	41

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and campletely filled in by the the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar ather traumatic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

All are a series of the season the same upon in himself participation of the bear when the The transmission of the many to the second and the

### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 2a. DATE OF DEATH MONTH TYPE OR PRINT USEPH 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH White 1910 Male VOV. 70. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) WIDOWED a. ountu DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (IFANDT IN SUCH FACILITY, GIVE STREET ADDRESS) Elkton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130, STATE 136, COUNTY 137, CITYOR FOWN 137, CITYOR FOWN 13d. INSIDE CITY LIMITS? 130. STREET APPRESSBOX 40 DOOWOOD Rd YES TO NO F 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME N John FIRST gray AST MIDDLE Ada FIRST MIDDLE ond 166. SOCIAL SECURITY NO 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Poges James H. Gray Box 40 Dogwood Rd. (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Cardiac arres. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which regroulus gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse Alcoholism of, 0 CERTIFICATION 0 20a AUTOPSY? 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED D bei NOTE ial-transit printal Hygie certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY or-them-18 HOUR A.M. MONTH DAY YEAR Mental

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO IT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21a. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE -AT WORK 22a.l certify that (I) (this haspital) attended the deceased from 3-14 7-2 and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRIN 22e. ADDRESS Richard Ackart West Main St. Elkton Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY STATE ratin & terris remation 24 FUNERAL DIRECTOR

Ikton toldan

2h HOUR

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126. KIND OF BUSINESS OR

INDUSTRY Ch Driver

IF UNDER 24 HRS

IF UNDER I YEAR

Percillia

BP DHMH - 16 50M 4/82

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DIRECTOR:

FUNERAL DIRECT ould be detached for the State Dept. of

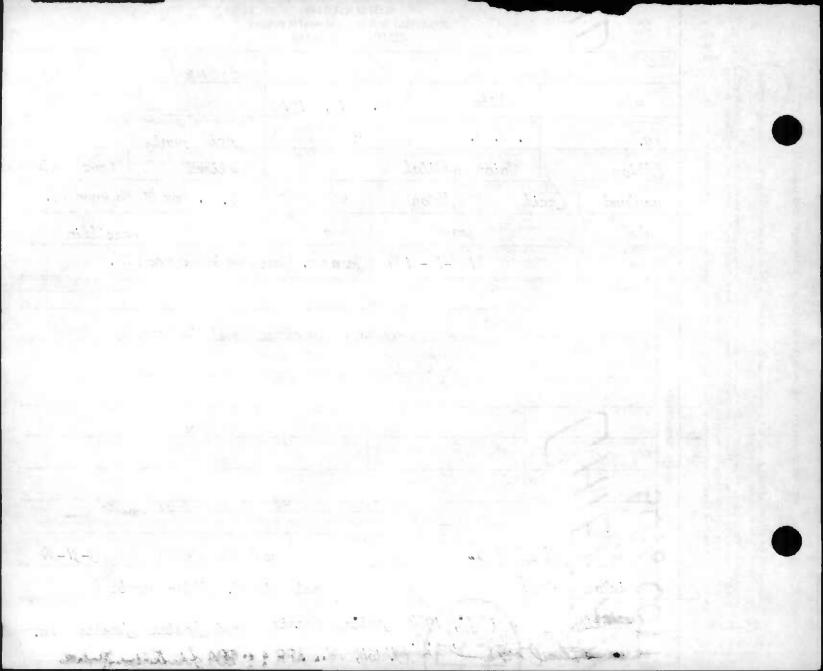
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(VRA 15, 4)



	1	STATE REGISTRAR			DEPART		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.		
		CEASED NAME	FIRST		WIDDLE		AST		AY YEAR 26 HOUR	
	( TYPE	OR PRINT)	ROBERT		BLAIN	НД	11	MARCH 18, 1984	8:55F	PM
	3. SE		TO EIL	1. RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 H	HRS
-		MALE		WHITE		JUN		66 YRS.	AONIHS DAYS HOURS M	WIN.
3	(	RTHPLACE (STATE OF COUNTRY) VIRGINIA	REOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY CECIL	OF DEATH	MD.
3	10. CI	TY OR TOWN OF DE	ATH	11. NAME OF	CH FACILITY, GIVE STREET	NG HOME (	RRY POINT MD	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE (RET) STEAM FITTER	176. KIND OF BUSINESS INDUSTRY FED GOVT PPV	
9	USU	AL RESIDENCE (IF NUI	RSING HOME	OTHER INSTITUTION		E ADMISSION)	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	THE GOVE THE	71110
7	-	MD	HARFO		HAVRE de		YES NO X	512 HERRING RUN LAN	NE 21078	
-	y FA	THER'S NAME FIRST		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE	LAST	
1	16a V	ROBERT VAS DECEASED EVE		GARFIELD	HALL 166 SOCIAL SECT	URITY NO.	LAURABELL 17. INFORMANT	ADDRESS	ROBERTS	
1		YES, NO OR UNKNOWN)		VE WAR OR DATES)	212 18			ALL RD #2 AIRVILLE, PA	A. 17302	
		18 CAUSE OF DEA					KODEKI DAVID HA	ALL RD #Z AIRVILLE, F	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	· · ·
		underlying cous	se lost.	1						
1	ATION	PART 2. OTHER SIG	. DIA	BETES MI	ELLITUS.	HYPER	TENSION. CERE		NAL FAILURE	
	TIFICATION	PART 2. OTHER SIG	. DIA	BETES MI	ELLITUS.	HYPER	0505	BRAL ANTROPHY RE	NAL FAILURE, WERE FINDINGS USED YING CAUSES OF DEATH?	,
	CAL CERTIFICATION	PART 2. OTHER SIG	DIA ATION  NDERLYING [ ] CAUSE OF DE	19b. COND	ELLITUS ITION FOR WHICH	HYPER HOPERATIO	TENSION CERE	BRAL ANTROPHY RE	NAL FAILURE, WERE FINDINGS USED YING CAUSES OF DEATH?	,
	MEDICAL CERTIFICATION	PART 2. OTHER SIC PNEUMONIA 19a DATE OF OPER. 71a. ACCIDENT WAS UITOR CONTRIBUTING	DIA ATION  NDERLYING [  ] CAUSE OF DE DICAL EXAMINE  RRED	19b. COND  19b. COND  19b. TIME C HOUR A P. 21e. PLACE	FLITUS ITION FOR WHICH OF INJURY M. MONTH D M.	HYPER HOPERATION PAY YEAR 19	TENSION CERE	BRAL ANTROPHY RE  200 AUTOPSY? 100-71F YES  YES NO YES	NAL FAILURE, WERE FINDINGS USED YING CAUSES OF DEATH?	
		PART 2. OTHER SIC  PNEUMONIA  190 DATE OF OPER.  710. ACCIDENT WAS UI  OR CONTRIBUTING  (IF EITHER, NOTHY MEI  216. INJURY OCCUI  WHILE  AT WORK  720.1 certify that (  saw the decen	NDERLYING [  CAUSE OF DE DICAL EXAMINE RRED  OORK  (this hasp	In time C HOUR A P. 21e. PLACE (AT HOME, ST) MARCH	ELLITUS  ITION FOR WHICH  OF INJURY  M. MONTH D  M.  OF INJURY  REEL, FACTORY, OFFICE,  Ite deceased from.  18 19	HYPER HOPERATION PAY YEAR 19 FARM, ETC.)	TENSION CERE  PIN WAS PERFORMED  21c. HOW INJURY OCCURI  21l. LOCATION STREET	PRAL ANTROPHY RE  200 AUTOPSY?  YES NO YES  RED (ENTER NATURE OF INJURY IN ITEM 18 PA	WERE FINDINGS USED YING CAUSES OF DEATH?  S NO ARTIORPART?)  COUNTY STATE	(E
17		PART 2. OTHER SIC  PNEUMON I A  190 DATE OF OPER.  710. ACCIDENT WAS UI  OR CONTRIBUTING (IF EITHER, NOTHEY MEI  21d. INJURY OCCUI  WHILE NOT WAT  1 WORK NOT WAT  270.1 certify that ( saw the decea above, (1) (we)  71 SIGNATURE	NDERLYING  CAUSE OF DE DICAL EXAMINE RRED ORK  (this hosp assed olive or (did) (did no	In time C HOUR A P. 21e. PLACE (AT HOME, ST) itol) ottended the MARCH	ELLITUS  ITION FOR WHICH  OF INJURY  M. MONTH D  M.  OF INJURY  REEL, FACTORY, OFFICE,  Ite deceased from.  18 19	HYPER HOPERATION PAY YEAR 19 FARM, ETC.)	TENSION CERE N WAS PERFORMED  21c. HOW INJURY OCCURI  21l. LOCATION STREET  19 84 and that in XX (aur) apinion DEGREE ATTENDING PHYSICIAN	PRAL ANTROPHY RE  200 AUTOPSY?  YES NO YES  RED (ENTER NATURE OF INJURY IN ITEM 18 PA	WERE FINDINGS USED YING CAUSES OF DEATH?  S NO ARTIORPART?)  COUNTY STATE	(E
19		PART 2. OTHER SIC  PNEUMONIA  19a DATE OF OPER.  21a. ACCIDENT WAS UI  OR CONTRIBUTING  (IF EITHER, NOTHEY MEI  21d. INJURY OCCUI  WHILE  AT WORK  AT W  220.1 certify that (  sow the deceo  obove, (I) (we)	NDERLYING  CAUSE OF DE DICAL EXAMINE RRED ORK  (this hosp assed olive or (did) (did no	IPB. COND  19b. COND  19b. TIME C HOUR A P. 21e. PLACE (AT HOME, ST)  (tol) ottended th MARCH DI) view the body	ELLITUS  ITION FOR WHICH  OF INJURY  M. MONTH D  M.  OF INJURY  REEL, FACTORY, OFFICE,  Ite deceased from.	HYPER HOPERATION PAY YEAR 19 FARM, ETC.)	TENSION CERE  N WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET  11. LOCATION STREET  21l. LOCATION STREET STREET STREET STREET STREET STREET STREET STREET STREET ST	BRAL ANTROPHY RE  700 AUTOPSY?  YES NO PER YES IN CERTIFY  YES NO PER YES IN CERTIFY  YES NO PER YES IN CERTIFY  YES NO PER YES  CITY OR TOWN  TO MARCH 18  death occurred on the date and hour	COUNTY STATE  CO	(E
, - 1 t -	WEDICAL	PART 2. OTHER SIC  PNEUMONIA  19a DATE OF OPER.  71a. ACCIDENT WAS UI  OR CONTRIBUTING  (IF EITHER, NOTIFY WEI  TAT WORK  72a. I certify that (	NDERLYING [  ] CAUSE OF DE DICAL EXAMINE RRED  WHILE    ORK  (did) (did no one)  NAME (TYPE (	PRESENTING CHORD ATH PROBLEM TO STREET THE CHORD ATH PROBLEM TO STREET THE CHORD ATH PROBLEM TO STREET THE CHORD ATH PROBLEM THE CHORD ATH PROBLEM TO STREET T	PELLITUS  ITION FOR WHICH  M. MONTH D  M. OF INJURY  REEL FACTORY, OFFICE.  The deceased from  18 19 19 19 19 19 19 19 19 19 19 19 19 19	HYPER HOPERATION 19 FARM, ETC.) MARC.	TENSION CERE  N WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET  11. LOCATION STREET  21l. LOCATION STREET STREET STREET STREET STREET STREET STREET STREET STREET ST	PRAL ANTROPHY RE  700 AUTOPSY?  700 PF YES  YES NO YES  RED (ENTER NATURE OF INJURY IN ITEM 18 PA  CITY OR TOWN  TO MARCH 18  death occurred on the date and hour  MEDICAL STAFF  DIRECTOR PHYSICIAN	COUNTY STATE  CO	(E
7 7	WEDICAL MEDICAL	PART 2. OTHER SIC  PNEUMONIA  19a DATE OF OPER.  21a. ACCIDENT WAS UI  OR CONTRIBUTING  (IF ETHER, NOTHY MEI  AT WORK AT WORK  27a. 1 certify that (  sow the decea obave, (I) (we)  27a. SIGNATURE  27d. PHYSICIAN'S N  AMIN	NDERLYING CAUSE OF DE DICAL EXAMINE RRED WHILE ORK (did) (did no NAME (TYPE ( KARIN N, REMOVAL)	In time Condition of the body wiew the body wiew the body with a condition of the body with a condition	DEFINIURY  M. MONTH D  M. OF INJURY  REEL FACTORY, OFFICE.  18 19  ofter deoth.  23c.	HYPER HOPERATIO  AY YEAR 19 FARM, ETC.)  MARCI 84., o	TENSION CERE  TO WAS PERFORMED  21L LOCATION STREET  ATTENDING PHYSICIAN STREET  21L LOCATION STREET  ATTENDING PHYSICIAN STREET  21L LOCATION STREET  ATTENDING STREET STREET STREET  21L LOCATION STREET  ATTENDING STREET STREE	BRAL ANTROPHY RE  700 AUTOPSY?  YES NO PER YES  RED (ENTER NATURE OF INJURY IN ITEM IS PA  CITY OR TOWN  MARCH 18  death occurred on the date and hour  MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN PHYSICIAN 12  ENTER PERRY POI  1734 LOCATION	COUNTY STATE  TO DATE SIGNED	) lost d

18, 184 Hagan TERMINAL TER Lein 18 7845 Lungsplant M. Springer and St. 1835 PREUMONIA, PIADETES HELLITHS, HYPERTENSION, CEREBRAL AMTROPHY, REPAI FAILURE MARCH 18 84 XX TVA TENTENL GENERA PERCY POLICE, NO

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the ottending physicion and completely filled in by the funeral remove corbon popers. Pages 1 and 2 should be filed within 72

corbon popers. Poges

ö emotion,

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or TO FUNERAL DIRECTOR: After this certificate has been signed by

ottending physicio

PHYSICIAN:

ATTENDING

HOSPITAL

etoined by the hospitol

BP

IMPORTANT: If hem 21 is morked or hem 18 shows

injury, or other troumotic

CERTIFICATI

MEDICAL

## STATE OF MARYLAND

	FOR STATE REGISTRAR		DEPARTM		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.			
	1. DECEASED NAME PIRST	/ -	J. A		sler	20. DATE OF DEATH MO	3/12	VEAR 1/84	26. HOUR 2/20M
Н	3. SEX	4. RACE		5. DATE C		6. AGE JIN YEARS LAST BIRTHD		UNDER I YEAR	IF UNDER 24 HRS
	Male	White		JUL	Y 22, 1902	81	YRS.	ONTHS DAYS	HOURS MIN.
	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR C	Ci	F DEATH	To MD
1	10. CITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET A ON HOSPITA	DDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Boilermake)		INDUSTRY	L. Corp.
	USUAL RESIDENCE (IF NURSING HOME CITY 13b. COL Mary land Ced		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Elkton		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 800 Marley	Road	2	1921
1	IA FATHER'S NAME FIRST Charles	MIDDLE	Hensle	er	15. MOTHER'S MAIDEN NA. FIRST Margare	MIDDLE		K1e	
	160 WAS DECEASED EVER IN U.S. A (YES, NO ORUNKNOWN) (IF YES, O	RMED FORCES?	16b. SOCIAL SECUI 201-14-76		Mr. Charles	J. Hensler, 8			d. 21921 Rd.
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	FD BY:	Casdiac		ast			BETWEEN	ONSET AND DEATH

18. CAUSE OF DEATH (Enter only		Mr. Charles J. Hensler,	
PART I. DEATH WAS CAUSED & IMMEDIATE (  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	One couse per line for (o), (b), and (c).) BY: CAUSE (a) Cardiac as  DUE TO, OR AS A CONSEQUENCE OF  (b) CAMPATILLE  DUE TO, OR AS A CONSEQUENCE OF	heart failure	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH

198 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

10 84

21e. PLACE OF INJURY

body ofter death

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 19

21f LOCATION

CITY OF TOWN

NO

COUNTY STATE

NO F

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on 77h SIGNATURI

21d. INJURY OCCURRED

and that in (my) (our) Opinion death occurred on the date and hour and from the couses stated DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT

Tast

22e. ADDRESS

221 E. Main Street, Elkton, Md. 21921

230. BURIAL, CREMATION, REMOVAL (SPECEY)
Burial

3-16-84

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

200 AUTOPSY?

YEST

Pittsburgh, Pa St. Casimir Catholic Cemetery Baldwin

24. FUNERAL DIRECTOR

NAME HICKS HOME for FUNERALS

23b. DATE

DHMH - 16 50M 4/82 (VRA 15, 4)

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ley 1000 2192) - luis (stor, of 1192)					Strong Lyan 18
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Lever W. potale			2		
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	STATE OF MAKE
FOR	DEPARTMENT OF HEALTH AND
STATE	CERTIFICATE OF
REGISTRAR	CERTIFICATE OF
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

0708

1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	
	CEASED NAME FIRST	hel J.	Hei	elow	2a. DATE OF DEATH	3/3/84	26 HOUR P
SE	remale	1 RACE CAUC	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS	
	COUP(TRY)	76. CITIZEN OF WHAT CO	UNTRY? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH	Ø MD.
1	EIKTON	(IF NOT IN SUCH FACILITY, O UNION HOSP	ITAL OF	Cecil Co.	120 USUAL OCCUPATE (TYPE OF WORK FOR MOSTO) HOMEMAK	F WORKING LIFE) INDUSTRY	OF BUSINESS OR
3a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	ITY 13c. CITY	OR TOWN	13d. INSIDE CITY LIMITS?	131. STREET ADDRESS 5363 AUG	COSTINE HERM	AN HWY
U	JM. HOWAR	O HUS	TELT.	SARAN E	ME MIDDLE C	sennett	AST
	NAS DECEASED EVER IN U.S. AR/ YES, NO GRUNKNOWN) (IF YES, GIVI	E WAR OR DATES)	14-1524	Wm. Hevelo		- SAME	XIMATE INTERVAL HONSET AND DEATH
CERTIFICATION	Conditions," if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CO	ING TO DEATH BUT		AINAL DISEASE OR CON	206. IF YES, WERE FIND	INGS USED
RTIFIC	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		131. HOW IN HURY OCCUPA	YES NO	IN CERTIFYING CAUSE	S OF DEATH?
MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE AT WORK AT WORK	TH HOUR A.M. MON	19 Y	216. HOW INJURY OCCUR!	CITY OR TO	97	STATE
	220.1 certify that((1))(this haspit saw the deceased glive on above, (1) (we) (did)(did not	3/31/84	h. 19, o	nd that in (my) (our) opinion	to		
	226. SIGNAL GRE	Rosen Senfeld	feld.	DEGREE  ATTENDING PHYSICIAN II  22e. ADDRESS	DIRECTOR   STA	FF _	E SIGNED
30.	BURIAL, CREMATION, REMOVAL	23b. DATE 4 -4-84	0 . 1.	EMETERY OR CREMATORY	23d. LOCATION CSUTY OR TOWN	~ Cecil	MO

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the func should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages

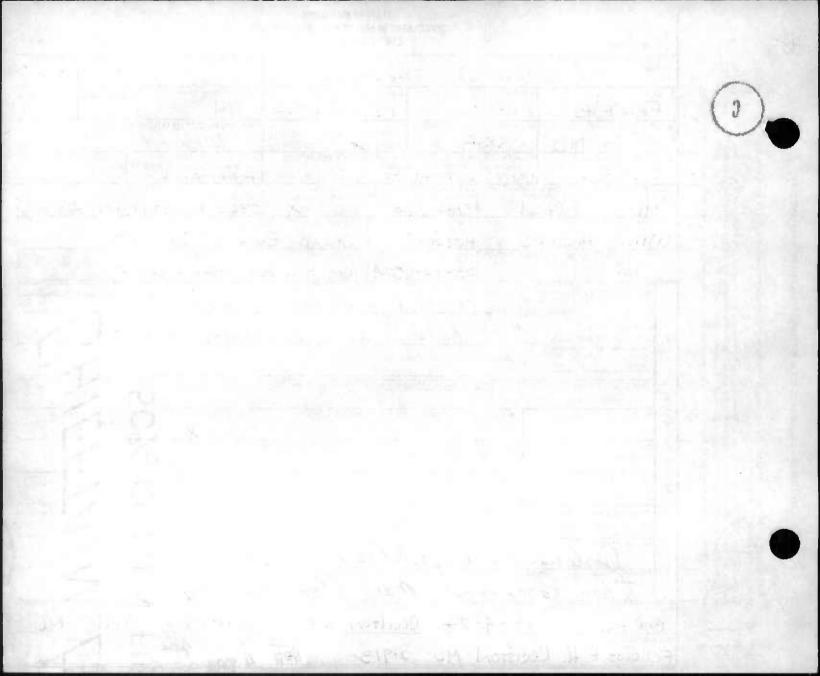
injury, or other troumotic event, the

IMPORTANT: If them 21 is morked or them 18, shows any

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

BURIAL
24 FUNERAL DIRECTOR
Fellows F. H. Cecitton

by registrafly b. reststrar's signatures. APR 4



+	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTIAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

page 3

STATE OF MARYLAND

1.	STATE REGISTRAR		4	ULPAK		ICATE OF DEATH	ITGIEN	REG. NO	),		
	CEASED NAME	FIRST		MIDDLE	11'	AST	20		DAY DAY	YEAR	2b. HOUR
	TI	ORAN	CE	D.	170	9ANS			3/5/	84	M
3. SE	X	4.	RACE		5. DATE &		6	AGE JINYEARS LAST BIRT		UNDER I YEAR	HOURS MIN.
F	Female Black				Marc	h 22°, 1893		90	YRS.		
	IRTHPLACE   STATE OF F	FOREIGN 76	CITIZEN OF	what country A	7 8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED		BALTIMORE CITY OF	COUNTYO	F DEATH	MD.
10 C	EIK TO R	ATH 11		HOSPITAL, NURS HACILITY, GIVE STRE ION HOS		OR OTHER INSTITUTION		a USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAKET		12b. KIND C INDUSTRY	OF BUSINESS OR
13a. S	AL RESIDENCE (# NURS STATE 1ryland	13b COUNTY Ceci	1	GIVE RESIDENCE BEFO	ORE ADMISSION	13d Inside City Limits? Yes \( \) NO \( \)	? 13	STREET ADDRESS	21	91	3
14. E/	ATHER'S NAME FIRST	Jnkn <b>ow</b> r	DDLE 1	LAST		15. MOTHER'S MAIDEN I	NAME	Unknown		LA	ST
	WAS DECEASED EVER YES, NO OR UNKNOWN! NO	IN U.S. ARME		222-14		17 INFORMANT Md. State 0	ffi	ce on Agin		timor	e, Md.
	18 CAUSE OF DEAT PART I. DEATH W  Gonditions, if ony, gove rise to imp cause (a), stafin	/AS CAUSED IMMEDIATE ) , which mediate	BY: CAUSE (o)  DUE TO, O	Cardi Cerebi	orespo UENCE OF POVASO	cular Acc	res	ent		BETWEEN	imate interval Onset and death
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								VERE FINDI		
TIFIC	, DATE OF GREATION					YES NO NO			IN CERTIFYII	NG CAUSES	OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH HOUR			OF INJURY A.M. MONTH DAY YEAR P.M. 19				RED (ENTER NATURE OF INJURY IN ITEM 18 PA		ART 1 OR PART 2)	
MEDICAL				CE OF INJURY STREET, FACTORY, OFFICE FARM, ETC.)		211 LOCATION STREET		CITY OR TO	VN	COUNTY	STATE
	220.1 certify that (1) (this hospital) attended the deceased from										
	saw the deceased alive on										
	226. SIGNATURE OCOM ROSENJELL MEDICAL STAFF PHYSICIAN DEGREE PHYSICIAN DEGREE PHYSICIAN DEGREE PHYSICIAN DEGREE							220. DATE	SIGNED 6/84		
	Jo Ann	W.	()	id ,	MD	22e ADDRESS CCC	11	ton.	Md		
23a.	BURIAL, CREMATION,	REMOVAL	236. DATE	230	NAME OF C	EMETERY OR CREMATOR	RY	23d. LOCATION		COUNTY	STATE
	Burial	1	3-9-84		nion Be	ethel Cemete		Cecilto	on. N	arvla	nd
124 F	UNERAL DIRECTOR		6. 0			25a C	DATER	EC'D. BY REGISTRAR	75b REGISTRA	R'S SIGNA	TURF

BP. DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the It should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

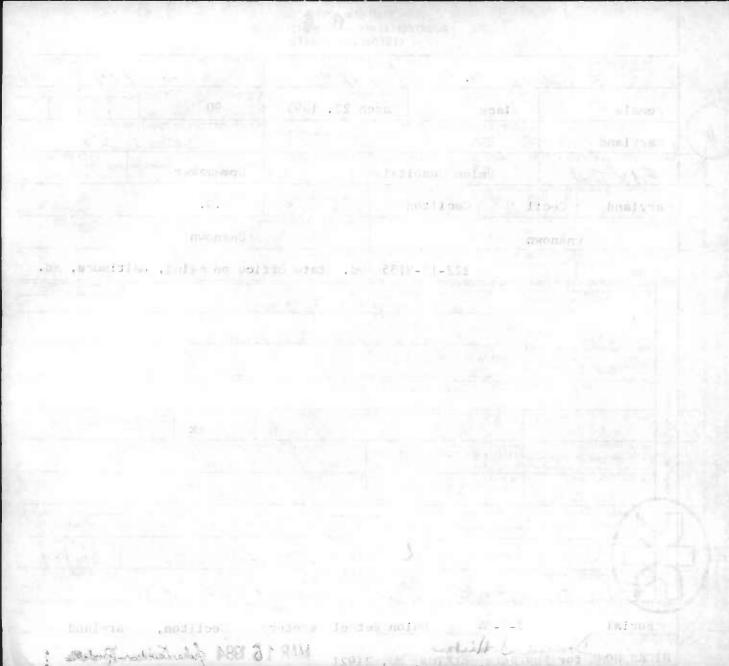
IMPORTANT: If Item 21 is marked or Item. 8 shows any injury, or other traumatic event, the medical

(VRA 15, 4)

HICKS

HOME for FUNERALS, ELKTON

MAR 16 1984 Julie Tevidon Pands



### STATE OF MARYLAND

		CEASED NAME	HARL	ES	E.	1	HOLLER AN , SF	20. DATE OF DEA	TH MONTH	17	84	26. HOUR
	3. SEX	Male		4. RACE Whit	6	5. DATE C		6. AGE (IN YEARS LA	AST BIRTHDAY)	MONTH	DER I YEAR	IF UNDER 24 I
19	C	RTHPLACE (STATE OF OUNTRY) New York	POREIGN	76. CITIZEN O	F WHAT COUNTRY?	8	D A NEVER MARRIED	9. BALTIMORE CI Cec i	TY OR COU		EATH	
		TY OR TOWN OF DE	ATH	(IF NOT IN S	FHOSPITAL, NURSIN SUCH FACILITY, GIVE STREET ION HOSPIT	ADORESS)	OR OTHER INSTITUTION	120 USUAL OCCU ITYPE OF WORK FOR A Shipping	OST OF WORKI	NG LIFE) IN	IDUSTRY	eller own C
ansi p	13a. S	AL RESIDENCE (IF NU TATE aryland	13b. COUL	NTY	13t. CITY OR TOW E 1kton	E ADMISSION) /N	13d. INSIDE CITY LIMITS? YES NO 🖎		ess <b>xon La</b>	ne	2	1921
examine	14. F.A	THER'S NAME FIRST Joseph		MIDDLE	Hollerar		IS, MOTHER'S MAIDEN NA FIRST Nancy	MIDI			Dibb	
medical		/AS DECEASED EVE ES, NO OR UNKNOWN) ( es	1958	MED FORCES WE WAR OR DATES! 3-64	188-32-4		Mrs. Norma		an, El	kton		2192
ner traumatic ev		Conditions, if on gove rise to in couse (a), state	y, which amediate ing the	(b)	ORAS A CONSEQUI	ENCE OF	STENOSIS	T FAIL				
s any injury, or other traumatic ev	ICATION	gave rise to in cause (a), stat underlying caus	y, which amediate ing the ie last.	DUE TO, (b), DUE TO, (c), CONDITIONS	ORAS A CONSEQUI	ENCE OF	V	SEXISE	CONDITION	F YES, WE	RE FINDIN	IGS USED
18 shows any injury, or other traumatic ev	CERTIFIC	gove rise to in couse (a), statunderlying coust PART 2. OTHER SIG	y, which mediate ing the lost.  GNIFICANT	DUE TO, (b), DUE TO, (c), CONDITIONS, 19b. CON	ORAS A CONSEQUI	ENCE OF ENCE OF DEATH BUT	HEAPT DO THOT RELATED TO THE TERM ON WAS PERFORMED	AINAL DISEASE OR  200 AUTOPSY?  YES X NO	CONDITION  20b. II IN CE	F YES, WE ERTIFYING YES []	RE FINDING CAUSES	IGS USED
ed or hem ]	MEDICAL CERTIFICATION	gove rise to in cause (a), statunderlying coust underlying coust part 2. OTHER SIGNATE OF OPER 21a. ACCIDENT WAS UNDERSONABLE OF CONTRIBUTING (IF EITHER, NOTIFY ME 21d. INJURY OCCU	y, which amediate ing the lost.  BNIFICANT INTERPRETATION  NDERLYING CAUSE OF DE CAUSE OF	DUE TO,  (b),  DUE TO,  (c),  CONDITIONS,  19b, CON  19b, CON  19b, CON  21b. TIME HOUR  ATH 121e. PLAC	OR AS A CONSEQUI	ENCE OF ENCE OF DEATH BUT  OPERATIO  AY YEAR  19	HEAPT DO THOT RELATED TO THE TERM ON WAS PERFORMED	AINAL DISEASE OR  200 AUTOPSY?  YES X NO  RED (ENTER NATURE O	CONDITION  20b. II IN CE	F YES, WE ERTIFYING YES T	RE FINDING CAUSES	IGS USED OF DEATH NO
2) is morked or Item 1		gove rise to in couse (a), statunderlying couse PART 2. OTHER SIGNATE OF OPER 21g. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME 21d. INJURY OCCU	y, which amediate ing the se last.  GNIFICANT:  ATION  NDERLYING CAUSE OF DE DICAL EXAMINE RRED  ON (1) (this hosp issed alive of the control	DUE TO.  (b)  DUE TO.  (c)  CONDITIONS  19b. CON  21b. TIME HOUR R)  21e. PLAC (AT HOME.	OR AS A CONSEQUI OR AS A CONSEQUI CONTRIBUTING TO IDITION FOR WHICH OF INJURY A.M. MONTH D. P.M. IE OF INJURY STREET, FACTORY, OFFICE, F	ENCE OF SENCE OF SENC	TENOSIS  HEAPT DI  NOT RELATED TO THE TERM  ON WAS PERFORMED  216 HOW INJURY OCCUR  216 LOCATION	AINAL DISEASE OR  200 AUTOPSY?  YES 18 NO  RED (ENTER NATURE O	CONDITION  20b. II IN CE	F YES, WE ERTIFYING YES  YES  ()	RE FINDING CAUSES  OR PART 2)	IGS USED OF DEATH NO STA
Hem 21 is morked or Hem 1		gove rise to in couse (a), statunderlying couse (b), statunderlying couse (b), statunderlying couse (b), statunderlying couse (b), statunderlying couper (c), statunderlying couper (c)	y, which amediate ing the ie last.  GNIFICANT ATION  ATION  ATION  DERLYING CAUSE OF DE DICAL EXAMINE RRED  ORK  1) (this hosp ised alive or (did) (did not)	DUE TO.  (b)  DUE TO.  (c)  CONDITIONS  19b. CON  19b. CON  21b. TIME HOUR  ATH R)  21e. PLAC (AT HOME.	OR AS A CONSEQUI OR AS A CONSEQUI CONTRIBUTING TO IDITION FOR WHICH OF INJURY A.M. MONTH D. P.M. IE OF INJURY STREET, FACTORY, OFFICE, F	ENCE OF SENCE OF SENC	TENDSUS  HEAPE DY  NOT RELATED TO THE TERM  ON WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  nd that in (my) (our) opinion  DEGREE	AINAL DISEASE OR  200 AUTOPSY?  YES 18 NO  RED (ENTER NATURE O	CONDITION  20b. II IN CE IN CE OR TOWN  the date and	FYES, WE RTIFYING YES O	RE FINDING CAUSES OR PART 2) COUNTY	IGS USED OF DEATH NO  STA
Nem 21 is morked or Nem 1	MEDICAL	gove rise to in cause (a), statunderlying coust underlying coust underlying coust part 2. OTHER SIGNATURE OF OPER 21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME 21d. INJURY OCCU WHILE ACT WORK AT	y, which amediate ing the lost.  BNIFICANT I ATION  NDERLYING [ CAUSE OF DE DICAL EXAMINE RARE D ORK ] I) (this hosp ised olive or (did) (did not a compared on the lost of th	DUE TO,  (b),  DUE TO,  (c),  CONDITIONS,  19b, CON  21b. TIME HOUR HOUR (AT HOME,  ital) offended  on PRINT)	OR AS A CONSEQUITED TO A CONTRIBUTING TO A CONTR	ENCE OF SENCE OF SENC	TENDERS  HEAPE DO  I NOT RELATED TO THE TERM  ON WAS PERFORMED  216. HOW INJURY OCCUR  216. LOCATION  STREET  On that in (my) (our) apinion  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY? YES 2 NO RED (ENTER NATURE OF DIRECTOR   PI	20b. II IN CE IN TOWN  STAFF HYSICIAN	FYES, WE ERTIFYING YES O	RE FINDING CAUSES OR PART 2) COUNTY From the	STAND (I) (we couses state

MD. 21921

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

retained by the hospital ar attending physician.

HICKS HOME TO FUNERALS.

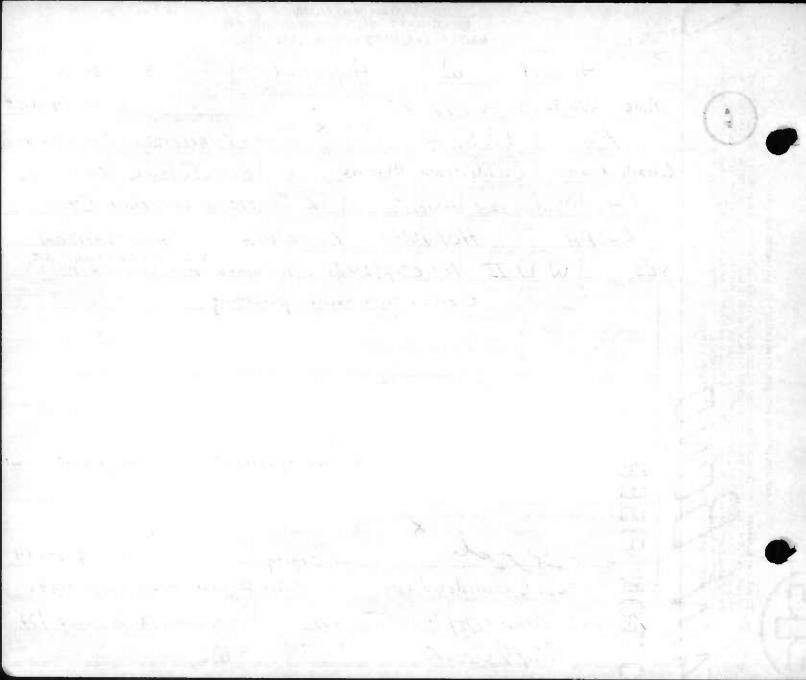
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Moltoman, Elkton, sq. 21921	L'annon ann	0112-11-861	40-8501	89)
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cont. Pton. o. 21921 conclos. cst Palnia		et ere i	9 ( 9h - 12-8	talen.

E EES B

1		FOR STATE		OF MARYLAND	7 6 9 2						
	F	REGISTRAR									
		CEASED NAME FIRST Herbert	MIDDLE .	Hopewood	OF ESTI- DEATH MATED	3 30 1984	26 HOUR				
	SEX	Mala latte to MON	TE OF BIRTH TH DAY YEAR LAST BIRTHDAY) 5 YRS.	MONTHS DAYS HOURS MIN	PRONOUNCED DEAD	3 30 19 84	11-15 A				
13	FOR	REIGN COUNTRY)	TIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR CO	4- (ECEILGO					
3	6	TY OR TOWN OF DEATH  harlestown  (IRESIDENCE IF IN NURSING HOME OR OTHER	hartestown Mai	rina 5°	SUAL OCCUPATION (TYPE OF WITH MOST OF WORKING LIFE)  OPERVISOR	OR INDUSTR	RY				
5	3a, ST	TATE PA. ISLEOUNTY MONTKON	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? 13e. ST YES NO 1 Z/	REET ADDRESS Z SO. CHESTN	OT 57.9	9				
46	,	THER'S NAME FRST ALPH VAS DECEASED EVER IN U.S. ARMED FO	HOPWOOD	15. MOTHER'S MAIDEN NAN FIRST  FLIZABETH  NO. 117. INFORMANT	CHRIS	TIANSON	4				
3	(YE	ES (IF YES, GIVE WAR OR I	II 181-07-49	69 ROSEHOPWO	OD AMBLER	1 ESTACT S	<i>T.,</i> ≥				
	7	PART I DEATH WAS CAUSED BY:  8682 IMMEDIATE CAU	Carhan mas	noxide poison	ing	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH				
		Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.									
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).									
9	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERAT	TION WAS PERFORMED?		20. AUTOPSY?	NO []				
3		210. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	Poisoned by Exha	er nature of injury in item 18 part i ust of Gasulin		indust				
9	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE				
19		220. I certify that I took charge of the death resulted fram: Natural çaus		Autapsy , Inspection ,	Inquiry , and in letermined manner ,	my apinian					
7		ACTUAL SIGNATURE	role	M.D. Deputy ME		DATE SIGNED 3-30	- 84				
4	23a. Bl	EXAMINER'S NAME JULY C TYPE OR PRINT) URIAL, CREMATION, REMOVAL 236. DA	Gonzalez-Vitale	ADDRESS UNION HO	epital, Elkton	7. MO 219	21				
	(5	BORIAL APR UNERALDIRECTOR HEREITOR	1131984 HOLY SE	PULCHRE CH	ELTENHAM MOD BY REGISTRAR 256. REGISTRA	ATGO LA ERY AR'S SIGNATURE	PA.				
)		NAME OF OLICIT TOTAL	y Circul	APR 4	1984 Julia David	son-Randelle					

DHMH - 17 (VR A15 ME (5)) 20M 4/82



d within 24 hours other	uneral line
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 metaloned by the hospital or attending physician.	10 FUNERAL DIFFCTOR. Also the careficate has been signed by the attending physician and campletely filled in by the fundral functor is bound be detacled to use as the burial transit permit. Then please remove carbon popers. Pages 1 and 2 should be then either 2 from the burial bage.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL NYGIENE

	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	٧٥.	
	CEASED NAME FIRST	MIDDLE	11	AS1.	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOL
Line	Henk	W. W.	HY	IANO		3/26/84	191
3. SE		4. RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST B	IRTHDAT) IFUNDER I YE	
	M	В	12	5" "6"	78	YRS	rs HOURS
	COUNTRY) Pa.	76. CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	- 1000	OR COUNTY OF DEATH	0
10. C	EIN TOU	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Union Hosp	URSING HOME (		12a USUAL OCCUPA (TYPE OF WORK FOR MOST Retired	OF WORKING LIFE) INDUSTI	of Busine
USU. 13a. S	JAL RESIDENCE (IF NURSING HOME OF STATE Md. 136 COU	NTY 13, CITY OF	EBEFORE ADMISSION) R TOWN Last	13d. INSIDE CITY LIMITS	3 N. Was	hington St.	21901
14. FA	ATHER'S NAME Henry	MIDDLE Hyl	land	15. MOTHER'S MAIDEN Ginnie	WIDDLE		LAST
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	L SECURITY NO.	17 INFORMANT Francine Ha	28 The Willin	ffileigh Pl. gboro, N.J.	451
	Conditions, if ony, which gove rise to immediate couse (0), stating the	DUE TO, OR AS A CON  (b) Co.  DUE TO, OR AS A CON	rtinon	a of fre	re Metadh		
Z	PART 2. OTHER SIGNIFICANT	(c)					los
TIFICATION		(c)	IG TO DEATH BUT	NOT RELATED TO THE 1			DINGS USED
CAL CERTIFICATION	PART 2. OTHER SIGNIFICANT	(c) CONDITIONS CONTRIBUTION  19b. CONDITION FOR V  21b. TIME OF INJURY HOUR A.M. MONTH	IG TO DEATH BUT	NOT RELATED TO THE TO	ZOB AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED SES OF DEAT NO
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	(c) CONDITIONS CONTRIBUTION  19b. CONDITION FOR V  21b. TIME OF INJURY HOUR A.M. MONTH	MOTO DEATH BUT WHICH OPERATION H DAY YEAR 19	NOT RELATED TO THE TO	200 AUTOPSY?  YES NO	206. IF YES, WERE FIN IN CERTIFYING CAUS YES  URY IN ITEM 18. PART 1 OR PART	DINGS USED SES OF DEAT NO
	PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that (II) (this hosp saw the deceased glive or obave (II) we) (did) (did not be deceased glive or obave (II) (did) (did not be deceased glive or obave (II) (did) (did not be deceased glive or obave (II) (did) (did not be deceased glive or obave (II) (did) (did not be deceased glive or obave (II) (did) (did not be deceased glive or obave (II) (did) (di	(c)	WHICH OPERATION  H DAY YEAR  19  OFFICE, FARM, ETC.)	NOT RELATED TO THE 1  N WAS PERFORMED  21c. HOW INJURY OC  21l. LOCATION STREET  19  nd that in my (our) opi	200 AUTOPSY?  YES NO CURRED (ENTER NATURE OF IN)	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES  UNIT IN ITEM 18. PART I OR PART: OWN COUNTY  19. 19. 44. date and hour and from the county of th	DINGS USEE SES OF DEAT NO [2]
	PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE  415 EITHER, NOTHER MEDICAL EXAMINE  210. INJURY OCCURRED  WHILE AT WORK  220. I certify that (1) (this hosp	(c)	WHICH OPERATION  H DAY YEAR  19  OFFICE, FARM, ETC.)	NOT RELATED TO THE 1 N WAS PERFORMED  21c. HOW INJURY OC  21l. LOCATION STREET	200 AUTOPSY?  YES NO CURRED (ENTER NATURE OF IN)  CITY OR 1  Anian death occurred an the	20b. IF YES, WERE FIN IN CERTIFYING CAUSTYES  UNITY IN ITEM 18. PART I OR PART I OWN  COUNTY  20c. DA  AFF	DINGS USED SES OF DEAT NO [7]  5  _, that ① (vicinity (v
,	PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) (this hasp saw the deceased glive or above (1) (We) (did) (did no 22b. SIGNATURE  Maddiu  22d. PHYSICIAN'S NAME (TYPE-	(c)	WHICH OPERATION  H DAY YEAR  19  OFFICE, FARM, ETC.)  from  19  44  A  A  A  A  A  A  A  A  A  A  A  A	NOT RELATED TO THE 1  ON WAS PERFORMED  21c. HOW INJURY OC  21l. LOCATION SIREET  20. 19  nd that in my (our) opi  DEGREE  ATTENDIN PHYSICIA  22e. ADDRESS	ZOO AUTOPSY?  YES NO CURRED (ENTER NATURE OF IN.)  CITY OR 1  Anian death occurred an the	20b. IF YES, WERE FIN IN CERTIFY ING CAUS YES   TOWN COUNTY  TOWN COUNTY  AFF  CLIAN   20b. IF YES, WERE FIN IN CERTIFY ING CAUS YES   20b. 18 PART 1 OR PART 1  22c. DA	DINGS USED SES OF DEAT NO 2)  s  the causes sta

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

The section of the se Louis and Louis Lo AND REAL PROPERTY. A VE. PLUAR LINE LEAD  1 - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 7 0

	REGISTRAR		CEKIII	FICATE OF DEATH	REG. N	10.		
		RSI MIDD	LE	LAST	2a. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
1	DECEASED NAME   1851   1861   1862   1863   1863   1863   1864   1863   1864   1863   1864   1863   1864   1863   1864   1863   1864   1863   1864   1863   1864   1863   1864   1863   1864	7:05 PM						
3.	sex Marke						MONTHS DAYS	
7	(COUNTRY)	76. CITIZEN OF WH	MARRIE	-		OR COUN		MD.
19	erry Point	VA MEDICA	CHITY, GIVE STREET ADDRESS)					OF BUSINESS OR
2	Manuland	COUNTY 13a	SITY OF TOWN	YES TO NO		/ ZIP COI	W Aver	21222
d	G FREIT 1	MOOLE	Jones gro	Märgaret	MIDDLE		Curri	ngham
1		YES AGINE WAR OR DATES)		V. A. M. C. Recon			, 'aryli	and.
	Conditions, if any, wh gave rise to immedicause (a), stating underlying couse to PART 2. OTHER SIGNIFIC	AEDIATE CAUSE (a)  DUE TO, OR A:  (b)  DUE TO, OR A:  (c)	S A CONSEQUENCE OF RECURRENT P	CA LUNGS			IVEN IN PART 1	0
1	1% DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATIO	ON WAS PERFORMED		IN CERT	TIFYING CAUSES	OF DEATH?
	OR CONTRIBUTING CAUSI	E OE DEATH HOUR A.M. KAMINER) P.M.  21e. PLACE OF	MONTH DAY YEAR	21c HOW INJURY OCCURR 21C LOCATION STREET	1 1	URY IN ITEM IS	PART I OR PART 7)	STATE
4	22a. I certify that X (this saw the deceased of	did nat) view the body after the Lame R	15 1984	nd that in (my) (our) apinian of	MEDICAL STA	AFF	our and from the	that Xi (we) last couses stated  SKGNED
23	BURIAL CREMATION, REM			co National Ce	23d LOCATION SUPPORTOWN		COUNTY	Virginia.
24	Lee A. Patter	son & Son,	Perryville,		AR 27 184	0	STRAR'S SIGNA	Pandall

DHMH - 16 50M 4/83 (VRA 15, 4)

. 1 STORY SECTION NORMS The second secon CALLY SEEDS ON THIOSEN PERSON SENTER PERSON NO CONTROL OF THE PERSON NO. 6. V San legge Consocialism of the san a 200 199-16 175 12 278 Mills , 20000, Essential, Jacksone, Jacksone RECURRENT PRELMONIA, C O P D CHRONIC MARCH 15 MARCH 24 - 78 MARCH 15 - MA T x - 1 OLCHDON DAYSON F.C. VAMC, PERRY POINT, IN · i di man, /, , / to it. in the contract of the contract of AND THE PROPERTY OF THE PROPER

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be find with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 4/82

(VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exact

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retained by the haspital or attending physician.

	1 -	FOR STATE REGISTRAR			DEPARTI	MENT OF H	EALTH AND MENTAL HYC	GIENE REG. N	0.		
		OR PRINT)	Beul/	9 h	J.	S. DATE C	della DE BIRTH	20. DATE OF DEATH  MArch  6. AGE (IN YEARS LAST BIR	20, 1989 RTHDAY)   IF UNDE	4	1.0 SAM
		Female		Whi	te	Jan.	10, 7880 YEAR	104	YRS.	DAYS	HOURS MIN.
5		RTHPLACE (STATE ORI		U. S. 1	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY C	ounty of DE	ATH	MD.
1	10. CI	Elkton	ATH 1	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY GIVE STREET ON HOSPIT	ADDRESS)	DR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE 95 WORK FOR M95) O HOUSE WA	ION OF WORKING LIFE) IND Le	KIND OF I	BUSINESS OR
5	130/18	AL RESIDENCE (IF NURS	130 COUNT	M	131 CITY OR TOW		13d. INSIDE CITY LIMITS? YES 🐔 NO 🗌	13e. STREET ADDRESS	igsworth 1	Manor	121
D	14. FA	Both Good	year "	DDIE	LAST		15. MOTHER'S MAIDEN NA			LAST	TEX
1	160 V	VAS DECEASED EVER	IN U.S. ARM	ED FORCES? WAR OR DATES)	213-74-7	1932	Mrs. Rose M.	Viers P.O.		Elkt	on Md.
	NOI	PART I. DEATH W.  593 9  Conditions, if ony, gove rise to imrecouse (o), stofir underlying couse  PART 2. OTHER SIGN	, which mediate ag the lost.	CAUSE (a)	R AS A CONSEQUI General R AS A CONSEQUI	ENCE OF		MINAL DISEASE OR CON			
2	CERTIFICATION	19a. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING O	CAUSES O	S USED F DEATH? NO
		21a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A	M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR	PART 2)	0
	MEDICAL	21d INJURY OCCUR	HILE		REET, FACTORY, OFFICE		21f LOCATION STREET	CITY OR 10	)WN CO	YTHUO	STATE
		22a. I certify that Is saw the eccessobove (II) we) (say 22b. SIGNATURE	this haspita ed al. e or did (did not)	il) attended the	e deceased fram_ 19_6 offer death.		nd that in (my) (aur) opinian	death occurred on the d	ote and hour and fi		
1		AZ	e H	au.		M		MEDICAL STA	FF CIAN []	3/2	484
		Jui-Ch	ih H.	Su, Y.	n.D. P.H	7.		nainst.	Elkton	, m	nd,
	(	BURIAL, CREMATION, SPECIFY) Burial	REMOVAL	Jarch	23, 1984 E		Cemetery OR CREMATORY	23d. LOCATION CITY OF JOWN EXETON	(ecil		ruland
	24 FU	Jee Fund	ral Ho	me 259	Castoria	in St.	Elkton MAR	122 1984 gr	Sh. REPISTRAR'S	Honor	

All the same and the same of t Feele Ditte Wally A. P. L. 1996. A Company ison at 1 2 2 15 below. 13-71-72 .... (e.g., 1871 .... " .... 1871 .... The state of the s the state of the s Some we will be a second No. 10 All the country much by Lamburg 199 199 and and the 199 199 control the state of the s

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	IV	1
	1	y
L	1	
/	1	

FOR - STATE

1. DECEASED NAME (TYPE OR PRINT)

CERTIFICATION

MEDICAL

REGISTRAR

CLARENCE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 e burial-transit perrid A Mental Hygiene p 00 ö

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO.				
20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
MARCH	23,	1984		5:0	OOA
6. AGE (IN YEARS LAST!	BIRTHDAY)	IF UNDER 1 YE		IF UNDER 24 H	
		AACONTAGE	DAVE	SAZALIDA.	1410

12b. KIND OF BUSINESS OR

STAIR

lost

1. SEX	4. RACE	5. DATE OF	BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	RIYE
MALE	WHITE	MARCH	3, DAY	1902	82 yrs	MONTHS.	DAY
a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER	MARRIED -	9. BALTIMORE CITY OR COUN	TY OF DE	ATH

EENE 5. DATE OF BIRTH

LAST

MARYLAND WIDOWED DIVORCED | CECIL COUNTY. 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PERRY POINT

INDUSTRY MEDICAL CENTER PERRY FED. GOVT. VAMO ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. CITY OR TOWN

130. STREET ADDRESS / ZIP CODE 229 N. UNION AVENUE 21078 HAVRE de GRACE HARFORD YES X NOF M N FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE C. FIRST BRADFIELD HANNA ARTHUR KEENE.

ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? MRS. BETTY NEWSOME, 109 WEBBER ST., HAVRE de GRACE, MD 213 12 0819 YES WII

13d. INSIDE CITY LIMITS?

18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:	CARDIO PILI MONADY ADDECT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which (b)	OR AS A CONSEQUENCE OF	
gove rise to immediate couse (a), stating the underlying cause last.  (c)	OR AS A CONSEQUENCE OF	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

90 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUT	OPSY?	20b. IF YES, WERE FIN	
			YES 🗌	NO	YES	NO 🗌
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRE	D (FNIERN	ATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2	2)

OR CONTRIBUTING \_\_ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.

21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET WHILE NOT WHILE AT WORK

ı	sow the deceased plive on MARCH	the deceased from	BRUARY 20		·- MARCH	23 198	$X_{}$ , that XII (we)
ı	sow the deceased alive an above (1) (we) (did) (did not) view the bi	ndy after death	, and that in (my)	(our) opinion death	occurred on the d	ate and hour and	d from the couses states

22c DATE SIGNED DEGREE 3-23-84 ATTENDING MEDICAL STAFF

22d. PHYSICIAN'S NAME {TYPE OR PRINT} 22e. ADDRESS

DIRECTOR PHYSICIAN

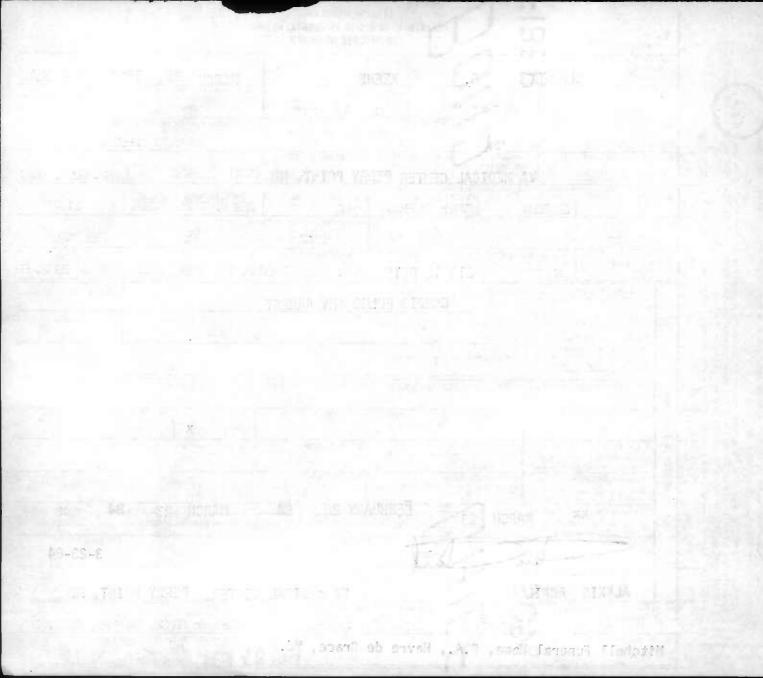
WENTS ARKI		J VA MEDICAL	CENTER. PERRY	POINT.	M
230. BURIAL, CREMATION, REMOVAL	73b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	
BURIAL	26MARCH84	ANGEL HILL CEMETERY	HAVRE de GRACE.		MA

24. FUNERAL DIRECTOR Mitchell Funeral Home, P.A., Phavre de Grace,

HAVRE de GRACE, HARFORD, MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT



BP. DHMH - 16 50M 4/83 (VRA 15, 4)

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR  STATE REGISTRAR			DEPAR		IEALTH AND MENTAL HYG	REG. N	10.		
	DECEASED NAME	FIRST		MIDDLE	ı	LAST	20 DATE OF DEATH	MONTH DA	YE AR	26 HOUR
{TY	YPE OR PRINT)	JAMES		WELDON	K'	YLE	March 3	, 1984	- 333	5:30A
3. S	SEX		RACE		5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY) II	ONTHS DAYS	IF UNDER 24 HR
М	IALE	20.0	Wh	ite	MONTE 5	25 1924	59	YRS.	JAN S	NOUNS MIN
10.	BIRTHPLACE (STATE O	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY	/? 8.	D & NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	OF DEATH	
V	rginia		U.	S.A.	WIDOW		Cecil Cou	nty		
10.	CITY OR TOWN OF D	EATH I		HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND C	F BUSINESS
	erry Point		IA Medi	ical Cen	ter Pe	rry Point, MD	Crane Ope:		Beth.	Steel
	OUAL RESIDENCE HEN	URSING HOME OF OT	THER INSTITUTION	130. CITY OR TO		1134 INSIDE CITY LIMITS?	13. STREET ADDRESS	/ ZIP CODE		
	laryland	Balti				YES NO 😿	5510 Hami		enue	2120
54	FATHER'S NAME	MI	ODLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	1
W	Wilbur			Kyle	2	Daisy	M.		Co	ole
160	WAS DECEASED EV	ER IN U.S. ARM	ED FORCES?	166 SOCIAL SEG	CURITY NO.	17 INFORMANT	ADDR	ESS5510	Hamilt	on Ave
Y	es	WW I		216-12	-6091	Elsie J. Kyl				MD 2
	18 CAUSE OF DE PART I. DEATH	IMMEDIATE	CAUSE (a)	Cardiac	arres	st			1	
10	1100	IMMEDIATE	CAUSE (a)	Cardiac	arres	:T				
	727	2	DUE TO, C	Antanio	UENCE OF	1.2				
	Canditians, if a	nv. which			CCIAR	ATIC CAMMIA VA	ecillar atei	9259		
	gave rise to i	immediate	(b)_	Arterio	sciero	otic cardio va	scular also	ease		
	cause (a), sto	immediate ating the	DUE TO, C	OR AS A CONSEC		otic cardio va	scular disc	ease		
	cause (a), sto underlying cai	immediate ating the use last	(c)_	DR AS A CONSEC	UENCE OF				N IN PART 1	
Z	cause (a), sto underlying car PART 2. OTHER S	immediate ating the use last	(c)	OR AS A CONSEC	DEATH BUT	T NOT RELATED TO THE TERM			N IN PART 10	a
ATION	cause (a), sto underlying car PART 2. OTHER S	immediate of the use last	ONDITIONS CONTRACTOR	ONTRIBUTING TO	DEATH BUT			NDITION GIVE	WERE FINDI	NGS USED
FICATION	cause (a), sto underlying car PART 2. OTHER S	immediate of the use last	ONDITIONS CONTRACTOR	ONTRIBUTING TO	DEATH BUT	TNOT RELATED TO THE TERM  t pneumonites	200. AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FIND!	
ERTIFICATION	cause (a), sto underlying car PART 2. OTHER S	immediate aling the use last last last last last last last last	ONDITIONS CONTRACTOR Syndr	OR AS A CONSECTION ON TRIBUTING TO THE STATE OF THE STATE	D DEATH BUT	T NOT RELATED TO THE TERM  t pneumonites  DN WAS PERFORMED  116 HOW INJURY OCCUR	200 AUTOPSY?  YES X NO	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED OF DEATH?
AL CERTIFICATION	PART 2. OTHER SI  Organi  190 DATE OF OPEN  210. ACCIDENT WAS	immediate atting the use last.  GNIFICANT CO  C Brain  RATION  UNDERLYING  CAUSE OF DEATH	Syndr 19b. CONE 110 TIME (	OR AS A CONSECTION ON TRIBUTING TO COME; RECONTION FOR WHICH CONTINUES AND MANUAL TO THE PROPERTY OF INJURY	D DEATH BUT CUTTENT CH OPERATIO	T NOT RELATED TO THE TERM  t pneumonites  DN WAS PERFORMED  116 HOW INJURY OCCUR	200 AUTOPSY?  YES X NO	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED OF DEATH?
	PART 2. OTHER SI  Organi  190 DATE OF OPEN  210. ACCIDENT WAS	immediate atting the use last.  IGNIFICANT CO  IC Brain  RATION  UNDERLYING   CAUSE OF DEATH  DEDICAL EXAMINER)	Syndr 19b. Cont 19b. Time 6 HOUR A	OR AS A CONSECTION ON TRIBUTING TO THE STATE OF THE STATE	D DEATH BUT	t not related to the term t pneumonites  N was performed  21c HOW INJURY OCCURI	200 AUTOPSY?  YES M NO RED (ENTER NATURE OF INJ	206. IF YES, I'N CERTIFY YES URY IN ITEM 18 PA	WERE FIND! ING CAUSES RT   OR PART 2)	NGS USED S OF DEATH? NO
MEDICAL CERTIFICATION	PART 2. OTHER SI  Organi  190 DATE OF OPEI  210. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M  21d. INJURY OCCI	IMMEDIANE IN THE IMMEDIANE INTERPRETANE INTERPR	ONDITIONS CONTROL 19b. CONTROL	OR AS A CONSECTION OF THE CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHICH CONTRIBUTI	DEATH BUT CUPPENTIC THOPERATION DAY YEAR	T NOT RELATED TO THE TERM  t pneumonites  DN WAS PERFORMED  21c HOW INJURY OCCURI	200 AUTOPSY?  YES X NO	206. IF YES, I'N CERTIFY YES URY IN ITEM 18 PA	WERE FINDI	NGS USED OF DEATH?
	PART 2. OTHER SI  Organi  190 DATE OF OPEN  210. ACCIDENT WAS. OR CONTRIBUTING [ (IF EITHER, NOTIFY M  21d. INJURY OCC.)  WHILE   NOTIFY M  AT	IM MEDICANT CO	ONDITIONS CONTROL 19b. CONTROL 19b. CONTROL 19b. TIME (HOUR AFE)	OR AS A CONSECTION OF INJURY  OF INJURY  OF INJURY  OF INJURY  OF INJURY  TREET, FACTORY, OFFICE	DEATH BUTCH OPERATION  DAY YEAR  19  E, FARM, ETC.)	T NOT RELATED TO THE TERM  t pneumonites  DN WAS PERFORMED  21c HOW INJURY OCCUR  2H LOCATION  STREET	200 AUTOPSY?  YES M NO RED (ENTER NATURE OF INJ	206. IF YES, I'N CERTIFY YES URY IN ITEM 18 PA	WERE FIND! ING CAUSES RT   OR PART 2)	NGS USED S OF DEATH? NO
	PART 2. OTHER SI  Organi  190 DATE OF OPE  210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M AT WOORK AT 220.1 certify that	immediate string the use last.  GNIFICANT CO.  C Brain  RATION  UNDERLYING	ONDITIONS CONTROL 19b. CONTROL	ONTRIBUTING TO	DEATH BUT CUPPENTICE THOPERATION DAY YEAR 19 E. FARM, ETC.)	T NOT RELATED TO THE TERM  t pneumonites  DN WAS PERFORMED  21c HOW INJURY OCCUR  2H LOCATION  STREET	200. AUTOPSY?  YES X NO RED (ENTER NATURE OF INJ	20b. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	WERE FINDI	NGS USED OF DEATH? NO
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	PART 2. OTHER SI  Organi  190 DATE OF OPE  210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY M 21d INJURY OCCI  WHILE NOTIFY M 21d INJURY OCCI  220 I certify that sow the dece	immediate string the use last.  GNIFICANT CO.  C Brain  RATION  UNDERLYING	ONDITIONS CONTROL 19b. CONTROL	ONTRIBUTING TO	DEATH BUT CUPPENTICE THOPERATION DAY YEAR 19 E. FARM, ETC.)	TNOT RELATED TO THE TERM  t pneumonites  DN WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  31 19 81 and that in (My) (aur) apinion  DEGREE  ATTENDING	200 AUTOPSY?  YES N NO CITYORT  to Mar death accurred on the company of the compa	20b. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	WERE FINDI	NGS USED OF DEATH? NO  STATI
	PART 2. OTHER SI  Organi  190 DATE OF OPE  210. ACCIDENT WAS OR CONTRIBUTING (# EITHER, NOTIFY M 21d INJURY OCCI  WHILE NOTIFY M 21d INJURY OCCI  21d INJURY OCCI  WHILE NOTIFY M 21d INJURY OCCI  22b. SIGNATURE	Immediate pating the use last.  IGNIFICANT CO  IC Brain  RATION  UNDERLYING  CAUSE OF DEATH  UNDERLYING  VERED  VERED  VERED  VERED  (1) (this hospitological dive an	Syndy  19b. CONE  19b. TIME HOUR A  21b. PLACE (AT MOME. S  View the bod	ONTRIBUTING TO	DEATH BUT CUPPENTICE THOPERATION DAY YEAR 19 E. FARM, ETC.)	TNOT RELATED TO THE TERM  t pneumonites  N WAS PERFORMED  216. HOW INJURY OCCUR  216. LOCATION STREET  19.81  and that in (My) (aur) apinian  DEGREE	200 AUTOPSY?  YES NO CITYORT  To Mar S  death accurred on the or	20b. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	WERE FINDI	NGS USED S OF DEATH? NO
	PART 2. OTHER SI  Organi  190 DATE OF OPE  210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M 21d IN JURY OCCI AT WORK 21d IN JURY OCCI 22d PHYSIC AN'S  22d. PHYSIC AN'S	UNDERLYING CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH COUNTY C	PRINT)	ONTRIBUTING TO  ONTRIBUTING TO  OME; REC  DITION FOR WHICH  OF INJURY  OF INJURY  REEL, FACTORY, OFFICE  he deceased from  y after death.	DEATH BUT CUPPENTICE THOPERATION DAY YEAR 19 E. FARM, ETC.)	TNOT RELATED TO THE TERM  t pneumonites  DN WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  31 19 81 and that in (My) (aur) apinion  DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS	200. AUTOPSY?  YES NO CITYORT  to Mar death accurred on the compact of the compac	20b. IF YES, IN CERTIFY YES URY IN ITEM 18 PA OWN  AFF	WERE FINDI ING CAUSES  TI 1 OR PART 2)  COUNTY  9 84  22c. DATE	NGS USED OF DEATH? NO   STAT  that N (we) causes state: SIGNED  5 -84
MEDICAL	PART 2. OTHER SI  Organi  190 DATE OF OPE  210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY M 21d. INJURY OCCI  WHILE NOTIFY M 21d. INJURY OCCI  220 I certify that sobove XII (We 22d. PHYSIC AN'S)	UNDERLYING UNDERLING UNDERLYING U	ONDITIONS CONTROL OF THE PRINT	OR AS A CONSECTION OF INJURY  OF INJURY  OF INJURY  REEL, FACTORY, OFFICE  He deceased from  y after death.  US	DEATH BUTCH OPERATION  DAY YEAR  19  E, FARM, ETC.)  DEC.  84	TNOT RELATED TO THE TERM  t pneumonites  No was performed  21c. HOW INJURY OCCUR  21f. LOCATION STREET  31 19 81  and that in (My) (aur) apinion  DEGREE  ATTENDING PHYSICIAN [ 22c. ADDRESS  VA Medical	200 AUTOPSY?  YES N NO RED (ENTER NATURE OF INJ  CITYORT  death accurred on the company of the c	20b. IF YES, IN CERTIFY YES URY IN ITEM 18 PA OWN  AFF	WERE FINDI ING CAUSES  TI 1 OR PART 2)  COUNTY  9 84  22c. DATE	STATE  that H (we) causes stated  SIGNED
MEDICAL	PART 2. OTHER SI  Organi  190 DATE OF OPE  210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M 21d INJURY OCCI  WHILE NOTIF	IMMEDIATE OF THE PROPERTY OF T	PRINT)  ODDITIONS CONTROL  Syndy  19b. CONE  21b. TIME HOUR A  PRINT)  TO MARK  21b. TIME HOUR A  PRINT)  TO MARK  TO MA	ONTRIBUTING TO OME; RECONTRIBUTING TO OME; RECONTRIBUTION FOR WHICH OF INJURY A.M. MONTH P.M. OF INJURY TREET, FACTORY, OFFICE THE ACTORY, OFFICE	DEATH BUT CUTTENT CH OPERATIO  DAY YEAR 19 E. FARM, ETC.)  DEC. NAME OF 6	TNOT RELATED TO THE TERM  t pneumonites  DN WAS PERFORMED  216. HOW INJURY OCCUR  217. HOW INJURY OCCUR  218. ADDRESS  VA Medical  CEMETERY OR CREMATORY	200 AUTOPSY?  YES NO CITYORT  TO MAR Genter Nature of INJ  CITYORT  MEDICAL ST.  DIRECTOR PHYS  Center, Pe  23d LOCATION CITYORTOWN	206. IF YES, IN CERTIFY YES URY IN ITEM 18 PA OWN  AFF ICIAN  TYPE  TYPE  TYPE  AFF ICIAN  TYPE  TYPE	COUNTY  9 84  22c. DATE  3	STATI
23c	PART 2. OTHER SI  Organi  190 DATE OF OPE  210. ACCIDENT WAS OR CONTRIBUTING (# EITHER, NOTIFY M 21d INJURY OCCI  27d I Certify that SOW the dece obove XII (we 27d PHYSICIAN'S	IMMEDIATE OF THE PROPERTY OF T	ONDITIONS CONTROL OF THE PRINT	ONTRIBUTING TO COMES RECONTRIBUTING TO COMES RECONTRIBUTION FOR WHICH COMES AND COMES	DAY YEAR 19 E. FARM, ETC.)  DAY OF THE BUT 19 E. FARM, ETC.)  DEC. NAME OF C. NAME OF C.	TNOT RELATED TO THE TERM  t pneumonites  No was performed  21c. HOW INJURY OCCUR  21f. LOCATION STREET  31 19 81  and that in (My) (aur) apinion  DEGREE  ATTENDING PHYSICIAN [ 22c. ADDRESS  VA Medical	200 AUTOPSY?  YES X NO CITYOR T  to Mar death accurred on the company of the comp	20b. IF YES, IN CERTIFY YES URY IN ITEM 18 PA OWN  AFF ICIAN X  TRY POT	WERE FINDI ING CAUSES  COUNTY  9 84  22c. DATE  3  int, Mo  COUNTY  Mary	star star star star star star star star

ACC: 12 F2CF to Horass 23 F3C 18 TM 23 F3C 25 F3C 18 TM Peruga Paint, Mo. VA Medical Center Parry Soint, No Jaerris da filoso. Arteriasalanakia carato yasanlar miseese Departs Treatm Syndrones Teaurent prompt La Mar 3 Sec 31 y 31 x NO state of president and the state of the

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Spitol o	for us	
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IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Negationed by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral with should be detached for use as the buriol-stonsit permit. Then please remove corbanpopers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygrene prior to buriol, cremation, or removal.	
DH C	Should with th	

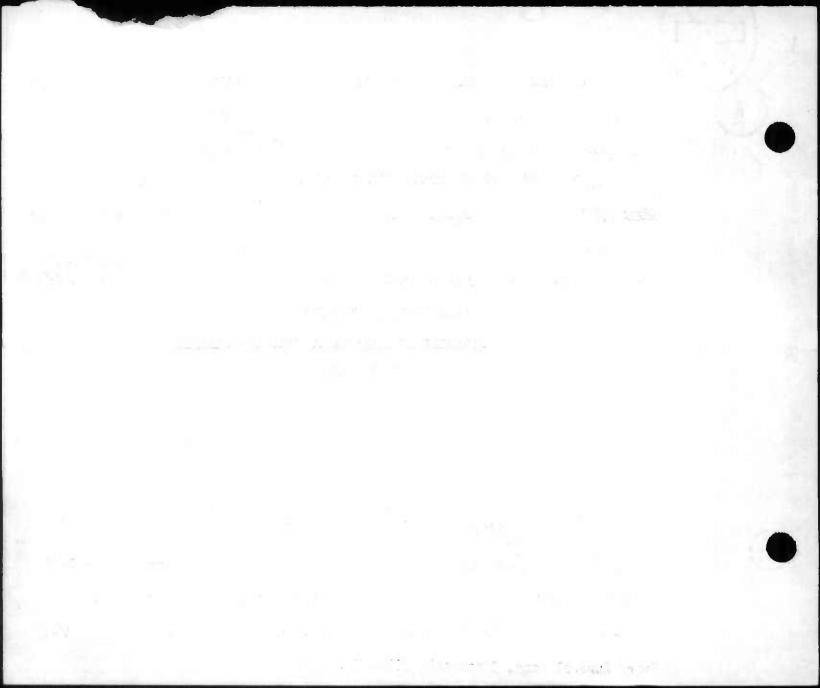
### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGI FOR STATE REGISTRAR CERTIFICATE OF DEATH

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	REG. NO	). <i>I</i>	0	

	CEASED NAME	FIRST	Mi	DDLE	L.	AST	1	O DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
( TAB	PE OR PRINT)	CHARLES		W. 1	LEFFER	TS		MARCH	27, 1	.984	6:05A
3 SE	X	4.	RACE		5. DATE C			AGE (IN YEARS LAST	SRIHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	MALE		WHITE	5	8	15 27	-	61	YRS	5	Wild.
7e. B	COUNTRY) (STA	TE OR FOREIGN 76	CITIZEN OF W	HAT COUNTRY!	? 8 MARRIEI	D NEVER MARRIEL	ا کو	BALTIMORE CITY	OR COUN	ITY OF DEATH	
1/	ITY OR TOWN O	9.	U.S	1 / <del>1</del> .	WIDOWE	D DIVORCED		20 USUAL OCCUPA	//	100 00000	M
R	nny Poi	NT V	A MEDIC	AL CENT	ER PER	RY POINT,	MD	TYPE OF WORK FOR MOS		SUPE INDUSTRY	E YOR
USU 13a.	STATE	NURSING HOME OR OF	HER INSTITUTION, G	RESIDENCE BEFOR	VN I	13d INSIDE CITY LIMI YES NO		30 STREET ADDRES	S / ZIP CO		LANE
14. F	ATHER'S NAME					15. MOTHER'S MAIDE	EN NAME			12///	
7		NKNOU	) July	LAST		FIRST	6	INKNE	win	\ \ \ \ \ \ \ \ \	51
	WAS DECEASED I		(AR OR DATES)	166 SOCIAL SEC		17 INFORMANT	: 41	O CO N	RESS 48	E92 N.	057
	/	EATH (Enter only			9346	MILE S	10010	3070	17-	APPROX	CIMATE INTERVAL
1	PART I. DEA	H WAS CAUSED	BY.	VENTRIC		FIBRILLAT	TON			BETWEEN	ONSET AND DEATH
	427	2 IMMEDIATE		AS A CONSEQU		~ 121(12111)	11011				-
	Conditions, if					C CARDIOVA	ASCUL	AR DISEA	SE		
	gove rise to cause (o), underlying		DUE TO, OR	AS A CONSEQU	CHIZOR	HRENIA					
_	PART 2 OTHER	SIGNIFICANT CO	NDITIONS COM	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	E TERMIN	AL DISEASE OR CO	) NOITION (	GIVEN IN PART II	a
CERTIFICATION	190 DATE OF OF	ERATION	196 CONDIT	ION FOR WHICH	H OPERATION	V WAS PERFORMED		200 AUTOPSY?		YES, WERE FINDI	
4 ≝								YES NO	IN CER	RTIFYING CAUSES	OF DEATH?
		CAUSE OF DEATH		. MONTH D		21c HOW INJURY O	CCURRE	(ENTER NATURE OF IN	JURY IN ITEM I	18 PART LOR PART ?)	
MEDICAL	21d. INJURY OC	MEDICAL EXAMINER)	P.M 21e PLACE O		19	211 LOCATION					
×	WHILE N	OT WHILE	(AT HOME, STREE	ET, FACTORY, OFFICE	FARM ETC )	STREET		CITY OR	TOWN	COUNTY	STATE
		ot XX this hospital	) ottended the	deceased from.	10/23		1	. to 3/27		. 19.84	that 🕱 (we) los
	sow the de	ceosed alive on ve) (did) (did not) v	3/27	19	_84 on	d that in (my) (our) of	pinion de	oth occurred on the	date and h	nour and from the	causes stated
	27h SIGNATUR	,	R.	4 4	10	EGHE					SIGNED
4	1018	nelon	1 su	000	- M.	ATTENDI PHYSICI	IAN	MEDICAL ST DIRECTOR PHY	SICIANXX	3-	27-84
	22d PHYSICIAN	S NAME (TYPE OR PI	1			22e ADDRESS					
	GLENDO	N RAYSO	N			VA MEDIC	AL C	ENTER PER	RY PO	INT, MD	
	BURIAL, CREMAT		23b. DATE			EMETERY OR CREMAT		23d LOCATION		COUNTY	STATE
24.5	BUI		3-27-	-84 Q	um H Ti	co NATION	IA/	QUANT		ICTD A B/C CARD	VA.
	UNERAL DIRECTO			ADDRESS		ATA	DATE I	1004		dson-Rand	
	Foard Fu	neral Hor	ne, Che	sapeake	City,	Md. PW	11/0	- July	TO TOWN	10010-11-10-	-037

DHMH - 16 50M 4/83 (VRA 15, 4)



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&	1 - FOR STATE REGISTRAR Maude		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 0 7 6 9
	1. DECEASED NAME FIRST (TYPE OR PRINT) Max	ude K	Lieupa	20. DATE OF DEATH MONTH
	3. SEX Female	4. RACE White	5. DATE OF BIRTH  MONTH  B  A  YEAR  99	6. AGE (IN YEARS LAST BIRTHDAY)  YRS.
in 72 hou	78. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT
by the to	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST LAW PELWOO	RSINGHOME OR OTHER INSTITUTION REET ADDRESS).  Carrier Address (Carrier Address)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING
filled in	USUAL RESIDENCE (IF NURSING HOME 13a. STATE	UNTY 13c. CITY OR T	OWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS
and 2 it	14. FATHER'S NAME FIRST  David	MIDDLE KINKI	15. MOTHER'S MAIDEN N FIRST Meddi	AME
Page 1		ARMED FORCES? 166. SOCIAL SI GIVE WAR OR DATES) 257 92	ECURITY NO. 17. INFORMANT	and Davis Che
ed by the ottending physicia please remove corbon papers: riol, cremotion, or removol. or other troumatic event, the	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	ouence of fen Deloil	
hen p to building.	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G

Y OF DEATH MD. 126. KIND OF BUSINESS OR LIFE) INDUSTRY 21620 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IVEN IN PART LIG TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permitwith the State Dept. of Health and Mental Hygiene prior 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 18 shows NO YES NO T physicio 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21s. PLACE OF INJURY 21f LOCATION morked or CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 22a.t certify that (I) (this haspital) ottended the deceased from 21 is 84 saw the deceased olive on and that in (my) (aur) apinion death occurred an the date and hour and fram the causes stated obove, (1) (we) (did) (did not) view the 226. SIGNATURE -DEGREE 22c. DATE SIGNED  $\pm$ ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT: 22e. ADDRES 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Homerville, Georgia 3/18/84 Pine Forest Cem.

BP DHMH - 16 50M 4/82 (VRA 15, 4)

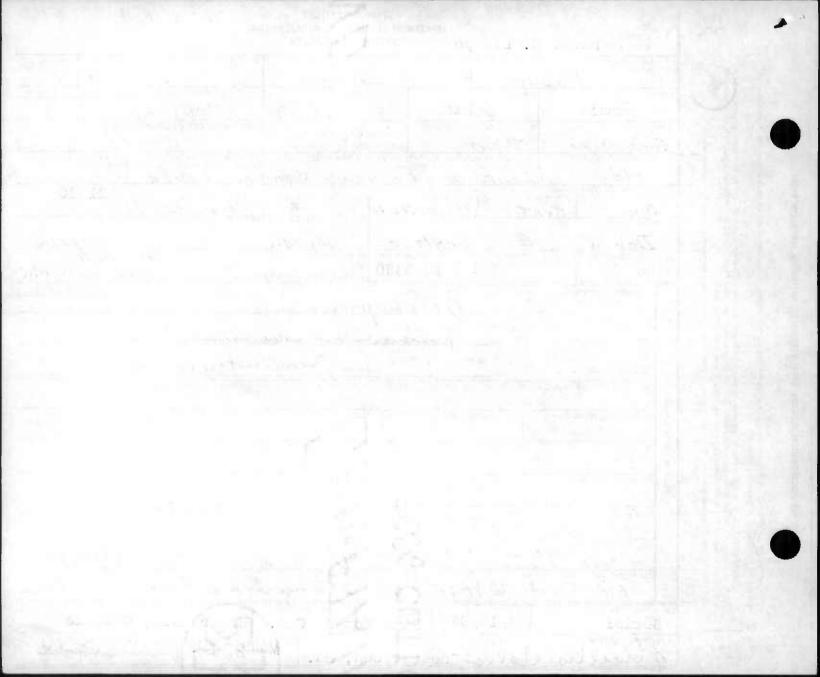
HOSPITAL OR ATTENDING

Chestertown, Md

YEAR

IF UNDER 24 HRS.

IF UNDER I YEAR



# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	STATE REGISTRAR				CERTII	FICATE OF DEATH	REC	5. NO.		
	OR PRINT)	FIRST		MIDDLE		LAST	26. DATE OF DEAT	нтиом Н	DAY YEAR	2b. HOUR
(11PE	OK PRINT)	Rupe	rt W. M	organ			February	28, 1	984	9:00P M
3. SE>	(		4. RACE		S. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Mal	e	BC 170	Caucasi	an	Nov.		64	YRS		THOUSE THE
7a. BII	RTHPLACE ISTATE OR	FOREIGN		WHAT COUNTRY?	8.		9 BALTIMORE CIT			
	ountry)	10	U-S-A-		WIDOW	ED NEVER MARRIED DIVORCED	Cecil C	antar		MD.
18 CI	st Virgin	ATH	11, NAME OF		NG HOME	OR OTHER INSTITUTION	120 USUAL OCCU	PATION		F BUSINESS OR
	rry Point			dical Ce			Laborer Laborer	ST OF WORKING	GL#E) INDUSTRY	
130. S	AL RESIDENCE (IF NUR	13b COUN	OTHER INSTITUTION	136. CITY OR TOW		1134 INSIDE CITY LIMITS?	13e.STREET ADDRE	SS / ZIP CC	ODE 6	7996C
Vi	rginia	Fauqu	lier	Midland		YES NO	Rt. 1 Box	x 273	/	1111
4 FA	THER'S NAME		MIDDLE	LAST	111	15. MOTHER'S MAIDEN NA	AME		t AS	
Ch	arles A.			(73)		Mable Whee	_		10.	
16a V	AS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECT	JRITY NO.	17. INFORMANT		DRESS		
Ye	ES, NO OR UNKNOWN)	WW I	E WAR OR DATES)	233 22 4	1274	VAMC, Perry	y Point, M	arylar	nd	
	18 CAUSE OF DEAT			line for (a) (b) or	od ICI			<u> </u>		MATE INTERVAL ONSET AND DEATH
	PART I. DEATH V	VAS CAUSE	D BY:			failure			DATMEN	ONSET AND DEATH
	401	IMMEDIA1	E CAUSE (o)	nespii (	acory	iditale				
	7760		DUE TO, O	R AS A CONSEOU	ENCE OF	-44	460000			
	Conditions, if ony gove rise to im		(b) C	nronic of	ostruc	ctive pulmona	ry disease			
- 1	couse (a), stati	ng the	DUE TO, O	R AS A CONSEOU	ENCE OF					
	underlying cous	e lost	( Ic)							
_	PART 2. OTHER SIG	NIFICANT (	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION	GIVEN IN PART 1	0,
CERTIFICATION										
CAT	19a DATE OF OPERA	MOIT	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YES, WERE FINDI	
T.			0 390				YES NOW	_	YES	NO [
CER	210. ACCIDENT WAS UN	DERLYING				21c. HOW INJURY OCCUP	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR PART 2)	
	OR CONTRIBUTING		1111	.M. MONTH D						
MEDICAL	(IF EITHER NOTIFY MED			OF INJURY	19	21f. LOCATION				
ME	WHILE   NOT W			REET, FACTORY, OFFICE.	FARM, ETC )	STREET	CITY	NWO1 R	COUNTY	STATE
	AT WORK AT WO	ORK							0.4	
	22a I certify that ()				0.4	/-13-/9 19	, to	2-28-		thoXX (we) lost
	saw the deceor obove, (A (we) (	did) (	wiew the body	ofter death.	84。	nd that in XXX (Xour) opinion	deoth occurred on th	e dote and h	hour and from the	couses stoted
	226. SIGNATURE	6	7	1	7	DEGREE			22c. DATE	SIGNED
		11	Um	Hal		ATTENDING PHYSICIAN	MEDICAL  □ DIRECTOR □ PH	STAFF YSICIAN X	2-28	3-84
	22d. PHYSICIAN'S N	AME (TYPE C	R PRINT)	0 -0 (		22e ADDRESS				
	PRI	EM LAL	, M.D.			VAMC, Perry	Point Ma	ryland	1	
73a P	SURIAL, CREMATION			122.	NAME OF A	CEMETERY OR CREMATORY	123d LOCATION	Jidile		
(	SPECIFY)	, REMOVAL					CITY OR TOW		COUNTY	STATE
	Burial		3-2-8	L An	tioch	Bapt. Church			ince Wil	
		anne		1 OCLABORESS		256. DA	TE REC'D. BY REGIST	CARIZOB. REG	ISTRAR'S SIGNAT	UKE
Mo	ser Funer	al Ho	me, War	rington,	VA.	MAR	0 7 1094	1. 2: X	id a	J. 60

DHMH - 16 50M 4/83 (VRA 15, 4)

NO FUNERAL DIRECTOR: A should be denothed for use Lift the Stote Dept. of Habi

neral director, page 3 n 72 hours ofter death

in the certificate has been signed by the offending physician and completely filled in the burillation in the please remove carbon papers. Pages 1 and 2 should be and Merital Hygiene prior to buriol, cremation, or removal.

njury, or other troumotic event, th

IMPORTANT, If hem 21 is marked or them 18 sha

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aquires that the death certificate be executed within 24 hay

negral A mens 100 Mile Caucasian Fov. E., 171h 69 Nest Virginia II. 4.1. x Geril County Perry Define, Ed., VI Medical Carter Lacorer Lacorer Virginia Emprier deland x Rt. 1 ex 273 Tolandi elda" Carries A. Porron Yes Martin Strain Strain William Strain Strain Strain Malvery Spire well Aurial 1 - 1-2-8h articel dark. Chara laraciet Trince william vis.

	2		FOR		DEPARTA		OF MARYLAI		NE / 0				
1 .	-6		STATE REGISTRAR		MEDICAL F	EXAMINE	R'S CERTIFI	CATE OF DE	EATH REG	G. NO.			
1	_		CEASED NAME FIRST		MIDDLE		LAST		20 DATE KNOW			YEAR	2b. HOUI
	28.00E	(111)	Hon	ard	01	/	Norris	SR.	OF ESTI- DEATH MATEI	3	22	1984	
	A CONTRACTOR	3. SEX	lale White	Oct.	25, 1928	6. AGE (IN YEAR LAST RID HIDAY 55 YRS	MONTHS DAYS	IF UNDER 24 HRS	PRONOUNCED DE AD	3		YEAR 1984	7.00 h
0	NECESS UNKERAL S FOR A	To. BI	REIGN COUNTRY LLE Ad.	76. CITIZEN	S. A.		MARRIED NE	DIVORCED T		Coun	ty		M
	PAGE PAGE	10. CI	Elkton	73	OF HOSPITAL, NUR N SUCH ACILITY, GIVE ST	FITTA.	ad	ITION 12a U	SUAL OCCUPATION  RMOST OF WORKING LIFE	(TYPE OF WOR	Res	DOF BU	iness ant
21201	ANY D AND 3 AND 3 AND 3 RETAIN	USUA 13a. S	LESIDENCE (IF IN NURSING HON	E OR OTHER INSTIT	UTION, GIVE RESIDENCE I	BEFORE ADMISSION OR TOWN	13d. INSIDE (	CITY LIMITS? 13e. S	TREET ADDRESS	Red Hi	UB	219 ad	7)
RE, AD.	AND 2S	11	THER'S NAME	WIDDLE	Morri	LAST C	[3]	ER'S MAIDEN NA/ FIRST. SLE	WIDDLE		lkins	ion	
ALTIMO	AFTER D SINE PAGES IN MAGES IN	16a, V (Y	VAS DECEASED EVER IN U.S. A	ARMED FORCE VE WAR OR DATES		1-24-4	955 Lind	1 / 0	ahin 11	vark D	ield elawa	Rd.	- 54
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	TED WITHIN 24 HOUSES N PENCIL IN ITEM 18, C SYAMINER ALCING WIT AL-TRANSIS FERMIT F MENTAL HYGEINE DIN ON, OR REMOVAL.		18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU:  44 40   MMED   Conditions, if any, whi gave rise to immediate couse (o) stoting the undilying cause lost.	SED BY:  IATE CAUSE (o  DUE  ch  ite (ber-	TO, OR AS A CON	SEQUENCE OF		earl d	isease		BETW	PROXIMATE VEEN ONSET	INTERVAL AND DEATH
CORDS, 2	ULD BE EXECUTED "PENDING" IN PI FF MEDICAL EXA- ED AS A BURIAL- HEALTH AND ME AL, CREMATION, (	NO	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING		TEO TO THE TERMIN	AL OISEASE OR CONDITIO	ON GIVEN IN PART 1 (a).					
TAL RE	RE SHOULD WORD "PER ME CHIEF M BE USED A SENT OF HEAD BURIAL, CO.	CERTIFICATION	19a. DATE OF OPERATION	19b.	CONDITION FOR V	WHICH OPERA	TION WAS PERFOR	RMED?				UTOPSY?	NO [
ONOFV	CERTIFICATE SHOULD ITING THE WORD "PE DED TO THE CHIEF A E 3 SHOULD BE USED. ID PROR TO BURIAL, OF		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	НО	TIME OF INJURY DUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY	OCCURRED (ENT	ER NATURE OF INJURY IN IT	EM 18 PART 1 OR	PART 2)		-
DIVISI	S K K P E S	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		PLACE OF INJURY REET, FACTORY, FARM, ET	(AT HOME,	211 LOCATION STREET		CITY OR TOWN		COUNTY	9	STATE
•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WINDER OF A SHOULD BE FORWATO FUNERAL DIRECTOR; PARTER DEATH, WITH THE STABALTMORE, MARYLAND, 21:		220. I certify that I taak cho	arge of the rem	ains described abav	ve, held an		SPECIFY)	Inquiry ,	ond in my , DA1 SIG		- 24.	-84
	TO MEDIC EXECUTE TI PAGE 4 SI TO FUNER AFTER DEA BALTIMOR		EXAMINER'S NAME TUR		onzalez v	litale	ADDRESS_	Vaion H	ospital El	Kto4	MD	219	21
	Bb	(:	PECIFY CREMATION, REMOVAL	Parch	29, 1984 C	JAHA TIN	FEM.	S. 23d.	EST Ches	ter i	DEL	P	2
	DHMH - 17 (VR A15 ME (5))	24. F	yee Funeral t	ome 25	ADDRESS 9 East Ma	in Str	eet	MAR 28	1984 Julia	Tavidson	SIGNATU	URE -	

with the second of the second

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

NEWMAN

CERTIFICATE OF DEATH

REG. NO.

2g. DATE OF DEATH MONTH 2b. HOUR 1984 March 1. 11:40 am 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS

4. RACE 3 SEX MONTH Male Colored Aug 1. To. BIRTHPLACE (STATE OF FOREIGN 7% CITIZEN OF WHAT COUNTRY?

FRANCIS

5 DATE OF BIRTH

LAST

58 Years 9. BALTIMORE CITY OR COUNTY OF DEATH

Virginia

U. S. VA Medicat Center

MARRIED NEVER MARRIED DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Cecil County 120. USUAL OCCUPATION TTYPE OF WORK FOR MOST OF WORKING LIFE)

12b. KIND OF BUSINESS OR INDUSTRY

REGISTRAR

DECEASED NAME

(TYPE OR PRINT)

Perry Point, Md.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Washington.D

13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE 1841 Columbia Road.

N. W. #303

14. FATHER'S NAME

Yes

CERTIFICATION

MIDDLE

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).

17. INFORMANT

Cardio respiratory arrest

Katie Marshall

ADD Washington, D.C. #303

Oliver Newman

WAS DECEASED EVER IN U.S. ARMED FORCES HEYES GIVE WAR OR DATES!

36 COUNTY

OLIVER

AL SOCIAL SECURITY NO 578-22-5851

Katie Newman . Mother. 1841 Columbia Rd. . NW

IMMEDIATE CAUSE (a) Conditions, if ony, which

PART I, DEATH WAS CAUSED BY

gove rise to immediate couse (o), stoting the underlying couse lost.

DUE TO, OR AS A CONSEQUENCE OF Possible septic shock-CVA

DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION 71g ACCIDENT WAS UNDERLYING

715 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

20h IF YES, WERE FINDINGS USED 28e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE

230. BURIAL, CREMATION, REMOVAL

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

March 1

21f LOCATION

March

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN X 22c DATE SIGNED March 1, 1984

. R. GARCIA, M. D.

220.1 certify that (I) (this hospital) attended the deceased from

23t, NAME OF CEMETERY OR CREMATORY

VA Medical Center, Perry Point, Maryland

BURIAL (SPECIFY) 24 FUNERAL DIRECTOR

Warrenton Cemetery

September

Warrenton, Virginia 1432 YOU St. . NW | 156 DATE RECD. BY REGISTRAN 256. REGISTRAR'S SIGNATURE

Jarvis Funeral Home, Washington, DC

23b. DATE 7 March 84

DHMH - 16 50M 4/83 (VRA 15, 4)

N. S. A. 

Liver Mennan

Optored Ou 1, 1925 Di Yours

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reshireway, W x 1841 Columbia Hard, M. #303

Lichte size

Matie Nowman, Mothor, 1844 Columbia ad. . Ma

on Martin Na

Washington, D.C. PSC3

AURICE Francis Bly Marrows on Compare Warrens or, Virelain 1438 4 1. . . .

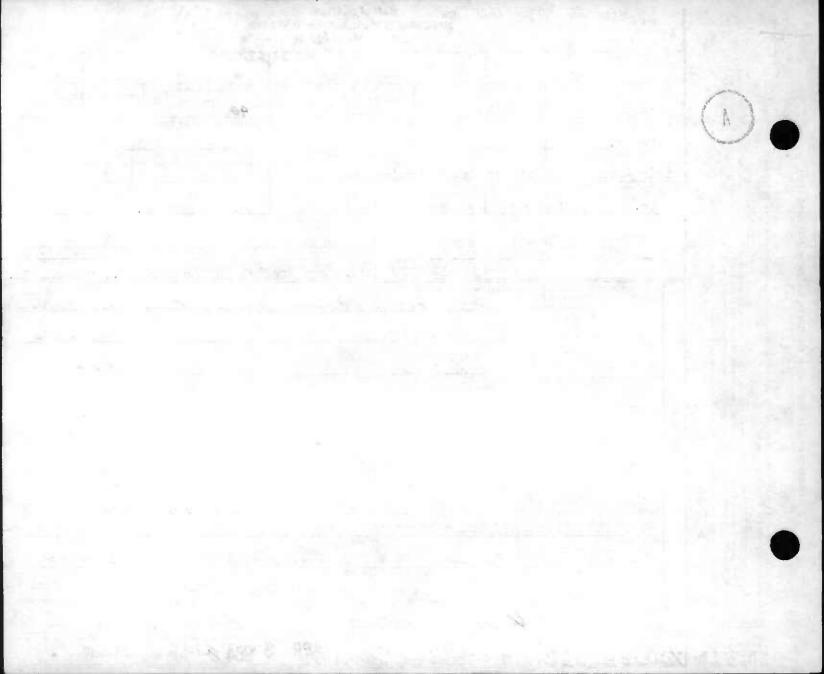
... 30 .coigaidask...bass Laman zingit

A . H . ATOMA . H'. L

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN Retained by the hospital or attending physician.

	DECEASED NAME FIL	rst .	MIDDLE		LAST	2ª DATE OF DEATH		AY YEAR	26. HOUR
/	SEX Ne.1	Lson		Neym	an Of Birth	6 AGE (IN YEARS LAST BIRT		- 84 FUNDER I YEAR	1:45P
X		- 9		MONT	TH DAY YEAR	B AGE (IN TEARS (AST BIRE		ONTHS DAYS	HOURS MI
0	Male BIRTHPLACE (STATE OR FOREIG		White		5-10-94	<b>96</b> - 07	YRS		
1/4	COUNTRY)	JA CIII	IZEN OF WHAT COUNT	MARRI	ED - NEVER MARRIED	BALTIMORE CITY O	R COUNTY	OF DEATH	
7	Penna.	11/ENI	USA	WIDOW	DIVORCED OR OTHER INSTITUTION	Cecil		Tona and a	
3//	CITT OR TOWN OF DEATH		NOT IN SUCH FACILITY, GIVE ST		OK OTHER INSTITUTION	12e USUAL OCCUPATI (TYPE OF WORK FOR MOST O			F BUSINESS
2	ising Sun		vert Manor			Farmer			
25 13	SUAL RESIDENCE (# NURSING H	HOME OR OTHER IN	NSTITUTION, GIVE RESIDENCE BI 13c. CITY OR T		1 134: INSIDE CITY LIMITS?	13. STREET ADDRESS		00	CAF
2	Pa.	Cheste	r Oxfor	d	YES NO NO	403 Lomba	rd Rd.	77	999
3/1	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA				
10	Markel	Josep			Annie	WIDDLE		Flee	cor
77 III	WAS DECEASED EVER IN L	U.S. ARMED FO	ORCES? 166 SOCIALS		17 INFORMANT	ADDRE	SS	TIEE	19363
2	NO (YES, NO OR UNKNOWN)	YES, GIVE WAR OR	210-30	-7330	Mrs. Mary Ste	10 /02 To	mhand	D.J. O.	
ry, or other traumatic	Conditions, if any, who gave rise to immedia	DL hich	SE (0)  UE TO, OR AS A CONSE  (b)  UE TO, OR AS A CONSE  (c)	OUENCE OF	e econ	gan at		see ye	edd en
Shows any injury, or other traumatic	Canditions, if any, wh gave rise to immedicause to, stating underlying couse to	DL D	UE TO, OR AS A CONSE	OUENCE OF OUENCE OF TO DEATH BUT	T NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES, IN CERTIFY	N IN PART 110	NGS USED OF DEATH?
AL CEPTIFICATION	Canditions, if any, wh gave rise to immedicate to immedicate to immedicate to immedicate to the course to the cour	DL D	UE TO, OR AS A CONSE  (b)  UE TO, OR AS A CONSE  (c)  TIONS CONTRIBUTING  CONDITION FOR WH  B. TIME OF INJURY HOUR A.M. MONTH	OUENCE OF OUENCE OF TO DEATH BUT ICH OPERATIO	T NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	206. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	IGS USED
5 / Le	Canditions, if any, wh gave rise to immedicate to immedicate to immedicate to immedicate to immediate the course to the course t	DL D	UE TO, OR AS A CONSE  (b)  UE TO, OR AS A CONSE  (c)  TIONS CONTRIBUTING  CONDITION FOR WH	OUENCE OF OUENCE OF TO DEATH BUT ICH OPERATIO	T NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	206. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
45 45	Canditions, if any, wh gave rise to immedicate (a), stating underlying couse later (b) DATE OF OPERATION  21e. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUST (# EITHER, NOTHY MEDICAL EX.  21d. INJURY OCCURRED  WHILE NOTHY MEDICAL EX.  22e. I certify that (I) (this sow the deceased of	DL D	UE TO, OR AS A CONSE  (b)  UE TO, OR AS A CONSE  (c)  TIONS CONTRIBUTING  B. CONDITION FOR WH  B. TIME OF INJURY HOUR A.M. MONTH  P.M.  PLACE OF INJURY THOME, STREET, FACTORY, OFFI  ended the deceased fro	OUENCE OF OUENCE OF TO DEATH BUT TO DEATH BU	T NOT RELATED TO THE TERM ON WAS PERFORMED  21c HOW INJURY OCCUR 21l LOCATION STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUST  CITY OR TOW	20% IF YES, IN CERTIFY YES IY IN ITEM 18, PA	WERE FINDINING CAUSES  COUNTY	IGS USED OF DEATH? NO  STATE
40	Canditions, if any, wh gave rise to immedicate to immedicate (a), stating underlying cause la part 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21e. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (#FEITHER, NOTIFY MEDICALEX. 21d. INJURY OCCURRED WHILE AT WORK AT WORK 11 WORK 120.1 (certify that (1) (this 220.1 certify that (1) (this 220.1 cert	DL D	UE TO, OR AS A CONSE  (b)  UE TO, OR AS A CONSE  (c)  TIONS CONTRIBUTING  B. CONDITION FOR WH  B. TIME OF INJURY HOUR A.M. MONTH  P.M.  PLACE OF INJURY THOME, STREET, FACTORY, OFFI  ended the deceased fro	OUENCE OF OUENCE OF TO DEATH BUT TO DEATH BU	T NOT RELATED TO THE TERM ON WAS PERFORMED  21c HOW INJURY OCCUR  21f LOCATION STREET  19  nd that in (my) (our) opinion  DEGREE  ATTENDING	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUST  CITY OR TOW	20h IF YES, IN CERTIFY YES IV IN ITEM 18, PAI	WERE FINDINING CAUSES  COUNTY	NGS USED OF DEATH? NO STATE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death flees a may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the flum till security and should be detached for use as the buriol-transit permit. Then please remove carban papers. Page. Lond 2. Input be filled and the fourtaint attended with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

STATE OF MARYLAND

1 -	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH CERTIFICATE					
	ASED NAME FIRST	WIDDLE	LAST	1	20. DATE OF DEATH	AONTH DAY	Y YEAR	2b. HOUR
(IIIEO	NOEL	J	NICKERS	ON	March 4, 1984			4.02A M
3. SEX	MALE	4 RACE CAU.	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTH	(DAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED N	EVER MARRIED DIVORCED	BALTIMORE CITY OF COUNTY OF DEAT CECIL			MD.
Pe	ror town of death rry Point, Mo		enter Perry		TYPE OF WORK FOR MOST OF		IZE KIND O	OF BUSINESS OR
USUAL 13a ST	RESIDENCE (IF NURSING HON ALE YLAND	E OR OTHER INSTITUTION, GIVE RESIDENCE TO THE STATE OF TH	RIOWN 13d. IN YES	V	13e STREET ADDRESS /	ZIP CODE	21	635
6	PRANKLIN	P. NICKERS		ANOR	WE	JA	CKSď	Ť
	AS DECEASED EVER IN U.S.	STORYETWAR OR DATES)		ORMANT RED NICKE	RSON 9400 PERRY		VALE	RD 21236 mate interval onset and death
	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DIATE CAUSE (a) CARDI  DUE TO, OR AS A CON  (b) MYOCA  DUE TO, OR AS A CON	RDIOPATHY ISEQUENCE OF IOSCLEROTIC IG TO DEATH BUT NOT RE				IN PART 11	o.
CERTIFICATION	9a DATE OF OPERATION		WHICH OPERATION WAS	PERFORMED	200 AUTOPSY? YES NO	206. IF YES, V IN CERTIFYII YES	NG CAUSES	NGS USED OF DEATH?
MEDICAL		P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY,  ospital) attended the deceased  AT VIEW the bady after death  FULCHISC FOR PRINT)	office FARM, ETC.)  19  Apr 15  19  DEGREE  22e, A	DOCATION STREET  19  4  ATTENDING PHYSICIAN  DDRESS			ond from the	SIGNED -84
23a. BU	PURIAL		23c, NAME OF CEMETER CRUMPTON	RY OR CREMATORY	Center, Peri		COUNTY	ID STATE

DHMH - 16 50M 4/B3 (VRA 15, 4)

MPORTANT: If Nem 21 is morked or

24 FUNERAL DIRECTOR Fellows Funeral Home, Millington, MD 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

U HOSEWADIH Marchet, 1981 1:021 Panys Laints is. VA Medical Center Perry Maint, MD A THE THE WALL WITH ALTER I. HERMERS ATTE 215-36-215.9 CARDENO ARRESTE HATAGISHASOVI ARTERIOSCLEROTIC CARDIOVASCILAR DISCASE A An I tan b PA 21 mg/mg Abdul Karin, M.D., W. Modical Content. Towns Holins, Thi. 48/1/8 Fellows Funeral Home, Willington, NO - was be too

7	B		FOR STATE		DEPARTMENT C	TATE OF MARYLAND OF HEALTH AND MENTAL HY		j
100	P		REGISTRAR	FIRST	MEDICAL EXAM	INER'S CERTIFICATE OF	REG. NO.	
- 1	N CON P		CEASED NAME E OR PRINT)	George	MIDDLE	O'Donnell	20. DATE KNOWN ACCORD ME	3 301984 M
	RECT A STREET A STREET A STREET	3. SEX		White C	ONTH DAY YEAR LAST BIR	YEARS IF UNDER 1 YR. IF UNDER 2	24 HRS. 2c. DATE MO MIN PRONOUNCED DEAD	3 30 184 11.20 M
	STATE OF		NALE STA		CITIZEN OF WHAT COUNTRY?	12	9 BALTIMORE CITY OF CO	
-	N S CANAGES	FO	REIGN COUNTRY)	PA.	U.S. A.	MARRIED NEVER MARRIE WIDOWED DIVORCE	CHARLESTOW	W- CECIL GOLATYMD
	PAGE SERVIS	10. CI	harlest	own 11.	NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE		12a USUAL OCCUPATION (TYPE OF W	OR INDUSTRY
5	ANY DELA AND 3 TO RETAIN P. HOUID BE	USUA 30 S	L RESIDENCE		HER INSTITUTION, GIVE RESIDENCE BEFORE ADM	ISSION	13e. STREET ADDRESS	00000
. 21201	A E E E		PA.	100	EDMERY AMBLE	YES NO	702 LOCH ALSH A	VE 97777
E, AD.	HIN 24 HOURS AFTER DEATH. IF IL IN ITEM 18. GIVE PAGES 1, 2, RR ALONG WITH FORM PM 3. INSIT PERMIT. PAGES 1 AND 2 LHYGENE, DIVISION 95 VITA REMOVAL.	DI. FZ	THER'S NAME	DAICIS MI	DOLE O'DOLLAST	15. MOTHER'S MAIDEN	NAME	INGE!
BALTIMORE	PAGE PAGE SISTA	160. V	AS DECEASED	EVER IN U.S. ARMED	FORCES? 166. SOCIAL SECU	RITY NO. 17. INFORMANT	A 702 Loc	NALSHAYE
IALT	SINE SIGNE S		IES .	AUG. Z	6.1964175-32-	7618 JOSEPHIA	IE ODONNELL 1	PHOLER PA. 1900
ST.,	A 18. ON THE MIT. P. TE, DIT.		18 CAUSE OF PART I DE	ATH WAS CAUSED BY		nonoxide poisa	Mar and	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOT	A 1TEA A ITEA A LON T PER YGIEN OVAL	7	868	2 IMMEDIATE C	AUSE (a) DUE TO, OR AS A CONSEQUEN	7 77-	7	
ec ec	ED WITHIN PENCIL IN AMINER L-TRANS AENTAL H		gove ris	s, if any, which e to immediate	(b)			
201 W	EXECUTED WITHIN 24 HC NG" IN PENCIL IN ITEM CAL EXAMINER ALONG TAND MENTAL HYGIEND A AND MENTAL HYGIEND WATION, OR REMOVAL.		lying cous	stating the <u>under</u> se last.	DUE TO, OR AS A CONSEQUENCE	CE OF		
RECORDS,	JULID BE EXECUTED S' PENDING". IN PENDING". IN PENDING! EXAMSED AS A BURIAL. F HEALTH AND MEND ARE CREMATION. C	,	PART 2 OTHER SIG	HIFICANT CONDITIONS CONTI		ERMINAL DISEASE OR CONDITION GIVEN IN PART	1 (a).	
	PEND PEND PEND PEND PEND PEND PEND PEND	CERTIFICATION	190 DATE OF	OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED?		20 AUTOPSY?
VITAL		IFF	4					YES NO
Ö	CERTIFICATE WITHOUT THE WOLD BE TO THE SHOULD B DEPARTMEN PROR TO B		UNDERLYING	CAUSE WAS OR GCAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y TH P.M. 19	EAR   0 - 1 /	GENTER NATURE OF INJURY IN ITEM 18 PART I	nerator in Soat
DIVISION	THIS CERTIFICATE SHE E, WRITING THE WORN WARDED TO THE CH PAGE 3 SHOULD BE U STATE DEPARTMENT O 21 PRIOR TO BUR	MEDICAL	21d, INJURY O WHILE AT WORK	NOT WHILE	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.)	. 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	WINER THE FICATE, THE FICATE, PRORW CTOOL: PARTIEST TO	1	22a. I certif		the remains described abave, held a	Autapsy , Inspection	Undetermined manner .	my apinian
•	EXAM GERTINO MARKA		ACTUAL	1	2 . 1.	TITLE (SPECIFY)		DATE 3-30-84
	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERA AFTER DEATH BAUTWORE,		EXAMINER'S	NAME -	1	M.D. 2 Cy C . 7	1 61.	IGNED
	XECUM XECUM YETER	02. 0			Gonzalez-Vitale	ADDRESS	tospital, Elkton,	MD 21921
9000	999	230.B	BUR	ION, REMOVAL 236. D	DIL3 1984 CALVA	CEMETERY OR CREMATORY	236 LOCATION	Marten Po.
1771	DHMH - 17	24. FI	INERAL DIRECT	Sa es OFOR	erapowe Nort	h East, Mu DATER	EC'D. BY REGISTRAR 730. REGISTRA	R'S SIGNATURE
	(VR A15 ME (5)) 20M 4/82		Rose	w rull	Ter Home	APR	4 102/11 Gulia Davida	A Constitution of the second

The same of the sa Charles The Control of the Control o

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked at Hem 18 shaws any injury, at other traumatic event, the

FOR

Frestor, page 3

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Γ'	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25. HOUR
(117	Pansy	V	Phillips	3	12 84 M
3. SE	FEMALE	Near Plack	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		6. CITIZEN OF WHAT COUNT	RY? 8	9 BALTIMORE CITY OR COUN	TY OF DEATH
2	Maryland	U.S.A	MARRIED NEVER MARRIED	o Cecil Co	MD.
10.0	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NU	RSING HOME OF OTHER INSTITUTION	126. USUAL OCCUPATION	G LIFE) 126. KIND OF BUSINESS OR
2	sinton 1	Laurellung	Jursim Center	LA OUR	
USU 13a.	AL RESIDENCE (IF NURSING HOMEORG STATE 13b. COUNT		TOWN 186 INSIDE CITY LIMITS	IRT. I DOX	1872/678
14. F.	ATHER'S NAME	HODLE AST	15. MOTHER'S MAIDEN	NAME	A JAST
	ssaac	Phi	llips Jul	IA	ONX
	WAS DECEASED EVER IN U.S. ARN (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIALS	GO Q 200 GO CO CO	4 Phillios Chal	ker Est. Auaker New
-		10110	1331100113011	THE THE STATE OF THE	APPROXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:	malin Illes	10 (01)	BETWEEN ONSET AND DEATH
	IMMEDIATE	CAUSE (o)	0	The state of the s	444
	7190	DUE TO, OR AS A CONSE	EQUENCE OF )	He TEV	
	Conditions, if ony, which gove rise to immediate	(b)	manur	1 -any raum	
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	EOUENCE OF CE W/)	(Brunchi)	
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(p)
NO					
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
E E	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH		CURRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
3	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
2	AT WORK NOT WHILE AT WORK	(**************************************	1/4/100	3/	Cul
	22a. I certify that (I) (this hospita		200		
	saw the decision ive an above, (IV and did hat	view the basis after death.	19 , and that in (my) (our) opin	nion death accurred on the date and	hour and from the causes stated
	22b. SIGNATUR	1 X Xum	DEGREE ATTENDIN PHYSICIA		220. DATE SIGNED
	THE PHYSICHARS NAME ITER OF	Hero;	220 ADDRESS	Directory Philadelate	
	1/		EIKT	on, Mg	
23a.	CUBIAL CREMATION, REMOVAL	73h DAJE	23¢ NAME OF CEMETERY OR CREMATO	RY 23d LOCATION CITY OF TOWN	
	BORIA	3/17/184	ST. GEORPE	en world	Kent mid

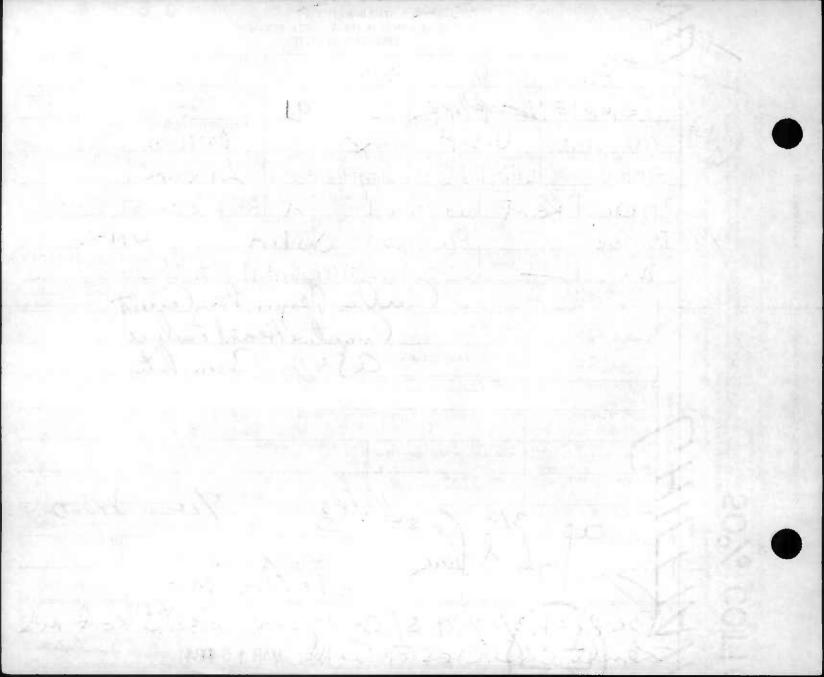
DHMH - 16 50M 4/82 (VRA 15, 4)

BP

etained by the hospital ar attending physician

MAR 16 1984 Julia Davidson-Randara

0



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.000	REGISTRAR			REG. NO	O					
	CEASED NAME FIRST	MIDDLE	AST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR					
Come	Jose,	oh	tompA	3/3//84/1030						
J. SEX 4. RACE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS A					
1	Male	Cauc.	11-30-1917 YEAR	66	YRS.					
7a. BI	BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUN			9 BALTIMORE CITY O	R COUNTY OF DEATH					
Per	nnsylvania	U.S.A.	WIDOWED DIVORCED	Ceci L Co						
	E K TON	161 Avalon Av	Avalon Avenue		(TYPE OF WORK FOR MOST OF WORKING LIFE)  Foreman, Chrysler Auto					
13a. S	AL RESIDENCE (IF NURSING HOMEO STATE IS COU aryland Cec		VN 13d. INSIDE CITY LIMITS? YES □ NO 💆	13e. STREET ADDRESS 161 Avalon	Avenue 21921					
	ATHER'S NAME Vincent	Pompa LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST					
	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECT		ADDRESS						
	(es WV	V 2 183-01-3	1801 Dorothy Mae	Pompa S	APPROXIMATE INTERVA					
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)									
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) HERATORENAL SYNDROME									
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	ABUSE 33 yr.							
Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH!						
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	RY IN ITEM 18. PART 1 OR PART 2)								
13	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M.	19							
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211. LOCATION	CITY OR TO	/					
MEDICA	21d INJURY OCCURRED  WHILE AT WORK  270. I certify tho (1) (this hosp sow the deceased glive or obove. (1) (we) (did) (did in	21e. PLACE OF INJURY	FARM ETC.) 21f. LOCATION STREET  19 4 19 4 19 4 19 19 19 19 19 19 19 19 19 19 19 19 19		(we one ond hour ond from the couses state					
MEDICA	21d INJURY OCCURRED  WHILE AT WORK  22a.1 certify that (1) (this hasp sow the deceased live or above, (1) (we) (did) (did no 22b. SIGNATURE)	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, ital) attended the deceased from	PARM, ETC.) 21f. LOCATION STREET  2 4 , 19 3  9 4 , ond that in (my) (our) opinion  DEGREE ATTENDING PHYSICIAN		ote and hour and from the couses state  224 DATE SIGNED					
MEDICA	21d INJURY OCCURRED  WHILE AT WORK  270. I certify tho (1) (this hosp sow the deceased glive or obove. (1) (we) (did) (did in	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, ital) attended the deceased from	21f. LOCATION STREET  21f. LOCATION STREET  3 4 , 19 3  9 4 , ond that in (my) (our) opinion  DEGREE  ATTENDING	n deoth occurred on the d	19 9 , that (1) (we one ond hour and from the couses state  174 DAJE SIGNED					
23a. E	21d INJURY OCCURRED  WHILE AT WORK  22a.1 certify that (1) (this hasp sow the deceased live or above, (1) (we) (did) (did no 22b. SIGNATURE)	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, ital) attended the deceosed from (A) view the body after death.  OR PRINT)	PARM, ETC.) 21f. LOCATION STREET  2 4 , 19 3  9 4 , ond that in (my) (our) opinion  DEGREE ATTENDING PHYSICIAN	m deoth occurred on the d	19 97, that (I) (we ote ond hour and from the couses state  12% DATE SIGNED  FF CIAN (I) 2/9 2/					

DHMH - 16 50M 4/82 (VRA 15, 4)

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Killiam & Marurcki

Newark, Delawarapp

funa www.don-fandall

The state of the s

ELKTON, MD. 21921

FOR

(VRA 15, 4)

STATE OF MARYLAND

Telegraph of the state of the s - unimoniani objects, agent, total agent, total agent, temper, and a second undel sessessi refer demended for the sessessi licera. Total, real, MAR 16 HA January marketing

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after di

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE PROPERTY OF THE PARTY AND THE PARTY OF THE	
CERTIFICATE OF DEATH	REG NO

l ' '	REGISTRAR				CERTII	FICATE OF DEATH	REG. N	10.		
1. DE	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1111	James		Peop	les		Rilev	<b>■</b> . 3~	6 -	1984	
3. SE			4. RACE			OF BIRTH	6. AGE (IN YEARS LAST 8	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HR
1	Male		White		July		72	YRS.	MONTHS: DAYS	HOURS MI
7a. B	RTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	ED NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	ElE
1	ITY OR TOWN OF DEA	тн	11. NAME OF	HOSPITAL, NURSIN THE FACILITY, GIVE STREET, W Bridge	G HOME	OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST Architect		IFE) INDUSTRY	F BUSINESS
USU 13a. :	AL RESIDENCE (IF NURSI STATE Md.	NG HOME OR 13h COUN CECI	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION) N UN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 294 New B		-	1911
3	Henry NAME		MIDDLE	Riley		15. MOTHER'S MAIDEN NA.  Anna			Mey	
16a. \	WAS DECEASED EVER I		MED FORCES? E WAR OR DAYES)	166 SOCIAL SECU 216-07-5			ADDRESS Riley (Wife) Same Address as ab			
CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITION  190. DATE OF OPERATION  190. C					ON WAS PERFORMED	200 AUTOPSY?	20b. IF YE	ES, WERE FINDIN	NGS USED
TIFIC					1.13		YES NOW		ES 🗌	NO 🗆
	210. ACCIDENT WAS UNDER OR CONTRIBUTING C	AUSE OF DEA	DEATH HOUR A.M. MONTH DAY YEAR			21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJ	URY IN ITEM 18.	PART I OR PART 2)	
MEDICAL	21d INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	LE 🗆	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	22e I certify that (I) (this haspital) attended the deceased from									
	226. SIGNATURE  ATTENDING PHYSICIAN STAFF PHYSICIAN'S NAME (TYPE OR PRINT)  127e. ADDRESS  226. DATE SIGNED  227e. DATE SIGNED									
	William	F. A	Turph	y Do		303 N. 32d	St. OXLOR	d &	1936	3
	BURIAL, CREMATION, F (SPECIFY) Burial	REMOVAL	3-10-			t Grove Cem	23d LOCATION CITY OR TOWN	tm I	county	STATE PS
24. F	UNERAL DIRECTOR	J.	On	lie ADORESS	ino e	Sin, MANAR	E REC'D. BY REGISTRA	R 256 REGIS		

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

retained by the hospital ar attending physician.

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely shauld be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 nn with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remayal.

injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shows any

filled in by the ful

	FOR
-	STATE
	REGISTRAR

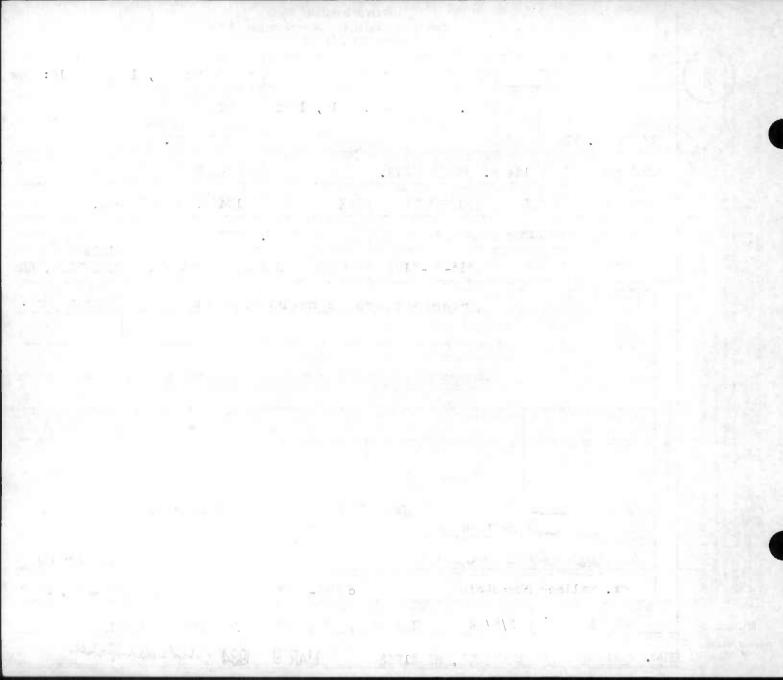
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.						
1. DECEASED NAME FIRST GEORGI	A WALMSLE		N N	20 DATE OF DEATH MARCH	MONTH DAY YEA  1 2, 1984	26. HOUR 10:30 A					
3. SEX FEMALE	4. RACE CAUC.	5. DATE C		6. AGE (IN YEARS LAST BI		YEAR IF UNDER 24 HRS					
70. BIRTHPLACE (STATE OR FOREIGN CECIL CO. MD	76. CITIZEN OF WHAT (	COUNTRY? 8  MARRIE  WIDOWI	D NEVER MARRIED	CECIL C		<b>H</b> MD.					
CECILTON		AL, NURSING HOME ( Y, GIVE STREET ADDRESS)  EMIA AVE	OR OTHER INSTITUTION	120. USUAL OCCUPAT	TION 12b. KIN OF WORKING LIFE) INDUS	OME					
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE MARYLAND 13b. COUR		IDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS	? 13e. STREET ADDRESS	OHEMIA AVE	.2913					
GEÖRGE WASHIN	Gron Walmsi	EY	15. MOTHER'S MAIDEN MILLIE			LAST					
160 WAS DECEASED EVER IN U.S. AR						21228 CATONSVILLE, MD					
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A  (c)  CONDITIONS CONTRIB	CONSEQUENCE OF  CONSEQUENCE OF  BUTING TO DEATH BUT  FOR WHICH OPERATION		ERMINAL DISEASE OR CON	NDITION GIVEN IN PAR 20b. IF YES, WERE FII IN CERTIFYING CAU	INDINGS USED					
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE WHILE AT WORK AT WORK	P.M.  21e. PLACE OF INJ	NONTH DAY YEAR 19		CURRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PAR	RT 2)					
22a.1 certify that (I) (***) sow the deceased alive or abave, (I) (***) (did) (***)	220.1 certify that (I) (#12 special) attended the deceased from Ian 1980, 19, to 2 Mar 81, 19, that (I) (#12) lost saw the deceased alive on 2 Mar 81, 19, and that in (my) (#12) opinion death occurred on the date and hour and from the causes stated obave, (I) (#12) (did) (*12) view the body after death.										
22b. SIGNATURE WOLLDE O	benetaen,	m.P	DEGREE ATTENDIN PHYSICIAL		AFF 1.	Mar 84					
Dr. Wallace			22e. ADDRESS <b>GECIL_KEN</b>	T HEALTH SERV	VICES CECI	LTON, MD					
23a. BURIAL, CREMATION, REMOVAL (SPECIFY)	3/5/84		ON, CEMETEY	YY CECILTON		MD STATE					
24 FUNERAL DIRECTOR  NAME  EDW. FELLOWS & SC	ON CECILTON	ADDRESS MD 21913	MAR	DATE REC'D. BY REGISTRA  9 1984 Julie	R 256. REGISTRAR'S SIG	MATURE					

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

etained by the hospital or ottending physicio



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

injury, ar ather troumatic event, the

MPORTANT: If them 21 is marked at them 18 shows any

death. Page 4 may be

STATE OF MADYLAND

DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.						
	LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 H		
eo.	Son molcer		3	18	84	8		
	L DATE OF BIRTH	ACE HALVEADE LAST O	IRTURAVI	16 116	IDER I VEAR	15 (116)		

1.	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYO	GIENE	REG. NO				
	CEASED NAME FIRST Clair	MIDDLE A	Sch	molcer	20. DATE OF		3	18	YEAR 84/	26 HOUR
1 SE	Male	A.RACE XXX White	5. DATE C		6. AGE IN YE	<b>7</b> 8 79	YRS.	MONTH		IF UNDER 24 HRS HOURS MIN.
	COUNTRY) PA	76 CITIZEN OF WHAT COUNTRY?	WIDOWE		9. BALTIMO	ecil				MD
	Elkton	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	DDRESS)	or Center	120 USUAL C	FOR MOST OF			L KINDO IDUSTRY	F BUSINESS OR
13a. S	MD COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE A		138. INSIDE CITY LIMITS?	13e. STREET A	Ont	aris	21	90	+
	ATHER'S NAME PERST POLITY POLI	Schmoke		15. MOTHER'S MAIDEN NA	Α.	WIDDLE	n	1ct	1 CE	rty
	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES)		Mary Schmo		4 On	tar: East		Ct.	21901
	PART I. DEATH WAS CAUSED	DUE TO, OR AS A CONSEQUER  DUE TO, OR AS A CONSEQUER  DUE TO, OR AS A CONSEQUER  DUE TO, OR AS A CONSEQUER	NCE OF	Cypsculon Centre 14	cont	Disi	regl		1 for	MATE INTERVAL ONSET AND DEATH RELK
TION	PART 2. OTHER SIGNIFICANT C	onditions contributing to D								
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH (	OPERATIO	N WAS PERFORMED	200 AUTO	PSY?	IN CERT			OF DEATH?
	2)g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEAL  (IF EITHER NOTIFY MEDICAL EXAMINER)		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTERNAT	URE OF INJUR	Y IN ITEM 18	PARTIC	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC	21f. LOCATION STREET	Last	CITY OR TOV	VN	c	OUNTY	STATE
	22a.l certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did not	ol) attended the deceased from	Jhh.	nd that in (my) (aur) opinion		d on the do		, , ,		that (I) (we) last causes stated
	226. SIGNATURE	s m Hensy	12	DEGREE ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAF PHYSIC			19 h	SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e. ADDRESS

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

23b. DATE

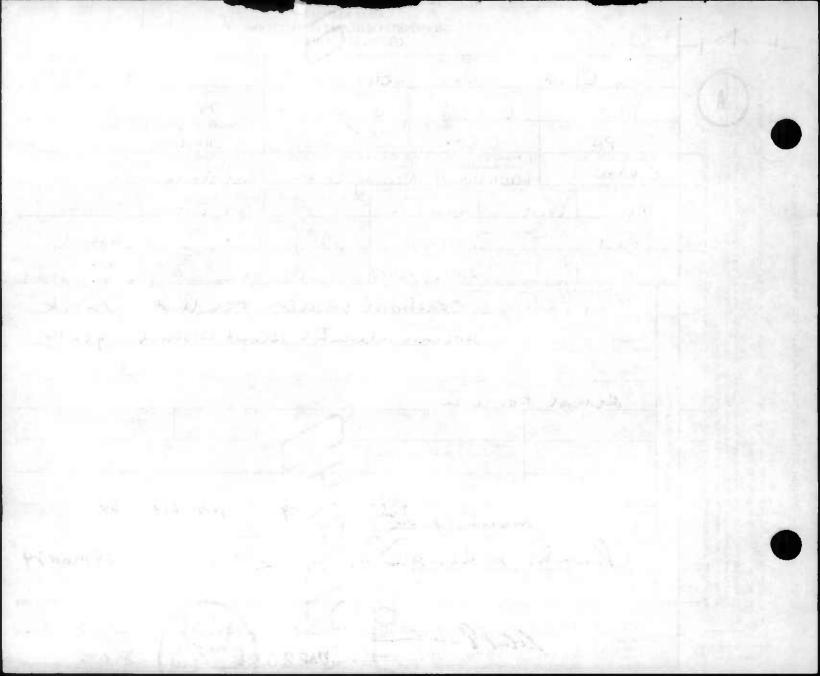
THE NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OF TOWN Chester Chester
GISTRAR 256 REGISTRAR'S SIGNATURE

STATE

S West Che 24 FUNERAL DIRECTOR
Crouch Funeral Home North East,

DHMH - 16 50M 4/82 (VRA 15, 4)



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-	7		

FOR

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
I. DECEASED NAME FI	NMI Scho	Her	3-16-8	MONTH DAY YEAR 26. HOUR 905 AM
3. SEX Fernale	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FORE) COUNTRY) VINGINIA	GN 76. CITIZEN OF WHAT CO	UNTRY? 8.  MARRIED   NEVER MARRIED  WIDOWED   DIVORCED		CCCL MD.
Cecil EIK	by LOLLERY, G	vood		ON 12b. KIND OF BUS INESS OR INDUSTRY
MD 136	HOME OR OTHER INSTITUTION, GIVE RESIDENCE COUNTY  ISC. CITY Ches	nce before admission) OR TOWN 13d. INSIDE CITY LIMIT a DECAKE City YES NO		eorge St. 1415
CHARLES	MIDDLE BOU	15. MOTHER'S MAIDER	RY MIDDLE	BRYANT
160. WAS DECEASED EVER IN L (YES, NO ORUNKNOWN) (IF	J.S. ARMED FORCES? 166. SOCI YES, GIVE WAR OR DATES) 212	-28-2226 Faith I	Dell Wild	ss derness DR. Elktoymo
Conditions, if ony, wh gove rise to immedicouse (a), stoting underlying couse I	ote the DUE TO, OR AS A CO	MSHUREN	1 gilmillati	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
OR CONTRACTOR CALL	E OF DEATH HOUR A.M. MON	ITH DAY YEAR  19	CURRED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART 1 OR PART 2)
CIFETTHER NOTIFY MEDICALE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)		CITY OR TO	WN COUNTY STATE
sow the deceosed o	has pital) attended the decouse live on (did not) view the body offer deot	ond that in (my) (our) opi	nion deoth occurred on the do	that (I) (we) lost the ond hour and from the causes stated
226. SIGNATURE			MEDICAL STAF	22c. DATE SIGNED 3/16/84
22d. PHYSICI AYS NAME	TICAL IC PA	17ELMI) 1238h	gerly Ave "	Elicton m 121921

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral a should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed within 72 h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner

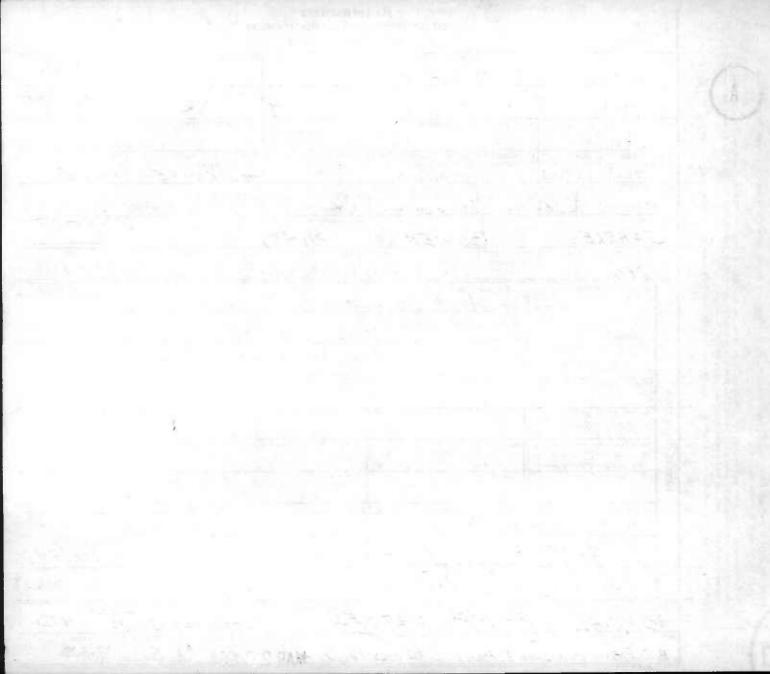
FUNERA!

ADDRESHES MEN KO

SAPENTE CITY

REGISTRAR 256. REGISTRAR'S SIGNATURE

ALL Davidson-Pandale 25a. DATE REC'D



# TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours or storied by the hospital or attending physician

STATE OF MARYLAND								
DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
CERTIFICATE OF DEATH								

1.	FOR - STATE REGISTRAR			DEPARTM	LENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 0	7 /	/   .	3	
	CEASED NAME	FIRST		AIDDLE	l	AST	2a DATE OF		MONIH DAY	YEAR	2b HOUR
41.00	Georg	e H.	Shan	dle					3/31	84	10 Amm
1.58		9	White		Jan.		6. AGE (IN Y	EARS LAST BIRTH	HDAY) IF U	THS DAYS	HOURS MIN.
70.8	RIMPLACE (STATE OR F	OREIGN 7h	CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED		/	county of	DEATH	MD.
1	Litton	1		OSPITAL, NURSIN		DR OTHER INSTITUTION	120 USUALO	K EOR MOST OF		126. KIND OI INDUSTRY Stant	School
130,0	AL RESIDENCE (IF NURSI STATE aruland	Harfo	7 . ,	GIVE RESIDENCE BEFORE 134 CITY OR TOWN FLAVRE DE	V	13d. INSIDE CITY LIMITS? CYES NO 🗌	13e. STREET	Fox R	idge Ro	ad J	21078
JA F	No No	Info	rmation	LAST		15. MOTHER'S MAIDEN N	IAME	WIDDLE		rmatie	
	WAS DECEASED EVER ES, NO DE UNKNOWN)		ED FORCES? VAR OR DATES)	182-07-30		George H. S.	handle	ADDRES	100 F8		As a
ATION	Conditions, if any, gove rise to imm couse (o), storiin underlying couse	nediote g the lost.	DUE TO, OF	R AS A CONSEQUE	NCE OF	TROCK	rminal diseas	e or cond			2)
CERTIFICA	19a DATE OF OPERAT	) by v			OPERATIO	N WAS PERFORMED	200 AUTO	LON	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	OF DEATH?
	270. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCU	PRRED (ENTERNA	TURE OF INJURY	Y IN IIEM 18 PART I	OR PART 2)	
MEDICAL	HILE NOT WH AT WORK		21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE FA	A	211 LOCATION STREET	2 4	CITY OR TOW	VN	COUNTY	STATE
	22d. Certify that (I) sow the decease obove, (I) (we) (d) 22b. SIGNATURE  22d. PHYSICIAN'S NA	ed olive on _ fid) (did not)	m sac	ofter death.		nd that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN  122e. ADDRESS  MA	m death occurre	STAFF	F IAN 🜠	22c. DATE S	
	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	236. DATE	4.1	rthwo		Phi	ladelp	hia Phi	ila. P	a. STATE
24 F	UNERAL DIRECTOR	unera	Home.	259 East	Main	Elkton	Add 100	EGISTRAR 2	75b. REGISTRAR	'S SIGNATI	JRE

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the otherding physician and should be detached for use as the businf-trainit permit. Then please remare carbonapport. Pagin, the State Dept. of Health and Mental Hygiene poor to busins. cremation, or removal.

injury, or other traumatic event, th

IMPORTANT, If Nem 21 is marked of Itemul Subgr.

George H. Ghanele o se oxidizan Section 2 to the least of the l William State of the work with the contraction of t and the state of t STATE OF THE PROPERTY OF THE P

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

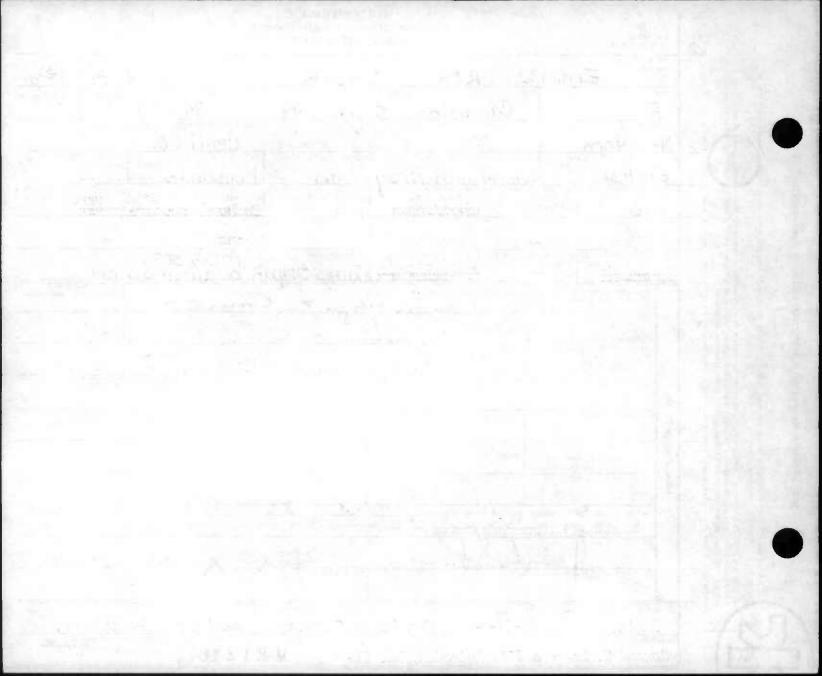
CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.			
		CEASED NAME FIRST	MIDDLE	L	AST			DAY YEA	R 2b	HOUR
	( TYPE	Emm	a Rita	6	Dlamk		3	9 81	1 )	830 M
	1. SE)		4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 1 Y	EAR IF U	INDER 24 HRS
		F	Caucasia	on 5	aî 99	84	YRS.	MONTHS D	AYS HO	URS MIN.
S		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATI	1	
0		elli York	USA	WIDOWE		Cecil	Co.			MD.
2	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATI				SINESSOR
-	E	IKtoN	Lourellum	NOSO	· Cotr.	housewif		E) INDOS		
2	130. 5	AL RESIDENCE (IF MURSING MOMEO STATE 138, COU HATE	or other institution, give residence into a state of the condition of the	BEFORE ADMISSION	13d. INSIDE CITY LIMITS? YES 😿 NO 🗌	130. STREET ADDRESS	3 Non	th A	enue	21014
l	7	Frank	MIDDLE Char	itek	15. MOTHER'S MAIDEN NA	Unknown MIDDLE			LAST	
)	100	VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16h SOCIAL (1/4 - 1/4 -	SECURITY NO.	Tames Slag	PO BOX	508 mp	2101	1	
	NC	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING	SECUENCE OF	Its & C TEM IA C NOT RELATED TO THE TERM	a COSCIA	D DITION GIV	EN IN PAR	T 1ta	
7	CERTIFICATION	19s DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200. AUTOPSY?		WERE FIN	SES OF E	
-	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE)  NOT WHILE NOT WHILE	HOUR A.M. MONTH	19	211. HOW INJURY OCCURI 211. LOCATION STREET		RY IN ITEM 18 P			STATE
		220.1 certify that this hasp saw the deceased alive at above 10 Mey did did not have a saw the deceased alive at above 11 Mey did did not have 11 Mey did not have 11 Mey did not have 12	or PRANT	19 54 , ar	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAI	FF		-	
	(	BURIAL, CREMATION, REMOVA (SPECHY) BWial			emetery or crematory ton Cemetery	Darlingto	on Ha	countr	l Mo	d. STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR
Howard K. McComas III, Abingdon, Md. 21009

MAR 1 2 1984 Julia Dandon Handara



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

tor. page 3 after death

and 2 should be

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending phystian and should be detacked for use as the burial-transit permit. Then please remove corbangores. Fugure with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or them 18 shows ony injury, or other troumotic even in

## STATE OF MARYLAND

1.	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	REG.	NO		
	CEASED NAME FIRST		WIODLE		LAST	20. DATE OF DEATH		OAY YEAR	26 HOUR
(TYP	ARTHUR		ROBERT	т	ALLARDY	MARCH	16.	1984	6:25 a.M
3. SE		4 RACE	RODERI		OF BIRTH	6 AGE IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
	Male	White		MAY		70		MONTHS DAYS	HOURS MIN.
70 B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	-		9 BALTIMORE CITY	YRS		
	COUNTRY)				ED NEVER MARRIED			III OF DEATH	
_	EW YORK ITY OR TOWN OF DEATH		SA	WIDOW	DIVORCED OR OTHER INSTITUTION	Ceci		Ton the second	MD
10 C	III OR IOWN OF DEATH	(IF NOT IN SUC	CH FACILITY, GIVE STREET	AODRESS)		120 USUAL OCCUPA (TYPE OF WORK FOR MOS	OF WORKING	LIFE) INDUSTRY	F BUSINESS OR
6	Elkton		Jnion Hos			Consulta	nt	Shult	z Mobile
13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL		13c. CITY OR TOW Elkton	N	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			21921
14. F/	ATHER'S NAME FIRST  Jay	WIOOFE	Tallardy		15. MOTHER'S MAIDEN NA	WE		LAS	
16a '	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO	Anna 17 INFORMANT	E.	RESS	VonOpper	mertiff
		IVE WAR OR DATES							
_	18 CAUSE OF DEATH (Enter of		091-07-		Mrs. Elizabe	th G. Talla	ardy.	Elkton.	Md. 219 IMATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)_	R AS A CONSEQUE	•	Stomall	Cancer			
NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA								
CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA' YES NOT YES NOT			OF DEATH?
_	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.	DE INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUR				
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY OFFICE, F	ARM, ETC )	21f. LOCATION STREET	CITY OR		COUNTY	STATE
	22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did n	T		3/4	2-2 19 84 nd that in (my) (our) opinion	deoth occurred on the			that (I) (we) lost couses stated
	726. SIGNATURE A. Patel			M.D. ATTENDING PHYSICIAN D	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	22¢ DAJE	SIGNED	
	Yogish A.		.D.	13	Stanton Medi			ington, D	e1.1980
	BURIAL, CREMATION, REMOVA (SPECIFY) <b>Cremation</b>	3-16-8			& Ferris Crem	23d LOCATION CITY OR TOWN	t Che	county Pa	STATE 1.19380
	CKS HOME for F	UNERALS.	ADDRESS		25 PA	RE27 1984	R 25 R 6	ISTARIS SIGNAL	WRE .

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

retained by the hospital or attending physician.

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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR	CERTIFICATE OF DEATH

	FOR			DED		E OF MARYLAND JEALTH AND MENTAL HYG	0 7 7	1 /	1	
1-	STATE REGISTRAR			DEP		ICATE OF DEATH				
. DE	CEASED NAME	le L'son	N	MIGOLE	/ I Wa	Tstrum, Sr.	REG. N 26. DATE OF DEATH	MONTH DAY	YEAR 26.	HOUR
(TYPE	OR PRINT)	8/501	4	1	Wal	Strum SR.		3/7	1/843	35 M
S. SE	Х	4.	RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI		UNDER I YEAR IF U	JNDER 24 HRS
1	Male		White		NOVE	MBER 25, 1904	79	YRS.	VINS DATS HO	OKS WIN.
	RTHPLACE (STATE OR F COUNTRY) Maryland	OREIGN 7b.	CITIZEN OF V		TRY? 8. MARRIE WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY S	E COUNTY O	C O	MD.
1	EIKTO,	7	Un i	on Hos	spital	DR OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST! Machinist	ION OF WORKING LIFE)	12b. KIND OF BU INDUSTRY Budd (	SINESS OR
13a. S	AL RESIDENCE (IF NURSI STATE Ary land	13b COUNTY Cec i		13c. CITY OR Elkto	TOWN	13d. INSIDE CITY LIMITS? YES NO 🏋	328 Red	Hill Ro	ad 2	21921
4 F/	ATHER'S NAME	MID	DLE	1AS		15. MOTHER'S MAIDEN NAM	ME MIDDLE		LAST	
	Frank	•	•	Walst		Hattie	ADDR		ngleton	
	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W		217-01	SECURITY NO. -1361	Mrs. Rhoda V			n, Md. 2	21921
	18. CAUSE OF DEATH	H (Enter only o	one couse per	line for (o), (t	o), ond (c).)	10		1	APPROXIMATE BETWEEN ONSET	INTERVAL I AND DEATH
	A A Cal	IMMEDIATE C		ard	his y	les on tigan	Cenery		7	
	4960	)	DUE-10, OF	AS A DONS	EQUENCE OF	all.	201	2 -		
	Conditions, if ony, gove rise to imm	nediote	(b)	1 m	wone	Turn	The Control	45		
	couse (a), stating underlying couse		DUE TO, OF	AS AGONS	ECKENCE OF	- One	mon !			
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART									
ION	31 2 C						La Factoria			
CERTIFICATION	19a DATE OF OPERAT	ION	19b. CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	VERE FINDINGS NG CAUSES OF E	USED DEATH?
	216. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	216. TIME OF HOUR A./	W. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	IRY IN ITEM 18 PART	1 OR PART 2)	
MEDICAL	21d. INJURY OCCURR		21e. PLACE C		FFICE, FARM, ETC.)	21f LOCATION	CITY OR TO	OWN	COUNTY	STATE
2	AT WORK NOT WH	RK .	(Al Nome, Sin	er, racion, o	A		36		011	
	220.1 certify that (1)		-//-		104	an 19 6/2	, to	, 19	A, tho	(1) we) last
	saw the decegar above(LL) well (6	id alive on	iew the Body	ofter death.	1	id that in (my) (our) opinion o	death occurred on the o	ote and hour o		
	22b. SIGNATURE	1	1 8	tu		ATTENDING PHYSICIAN	MEDICAL STA		3-8-84	
	22d PHYSICIAMS NA	CH /	ARB	,	mo	220. ADDRESS	BN, MO	1 21	921	
	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	(	COUNTY	STATE
	Burial		3-10-	84	Cherry	Hill Cemetery	Cherr	y Hill,	Cecil,	Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fur should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic eventathe

IMPORTANT: If them 21 is morked or them 18 shows any

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the hospital or attending physician.

ELKTON, MD. 21921 250. DATE REC'D. BY REGISTRAN 256. REGISTRAN'S SIGNATURE MAR 16 1984

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6 For January Mordes .				and shall chart

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

retained by the hospital or ottending physician.

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

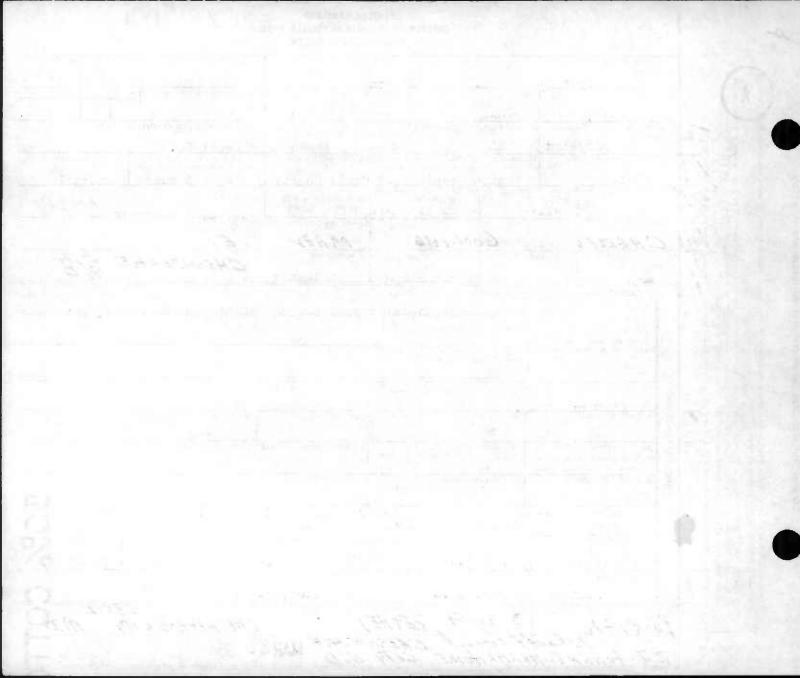
	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND	MENTAL HYG	IENE REG. N		U		
ı		CEASED NAME FIRST	,	MIDDLE	ŧ.	AST		20 DATE OF DEATH		DAY YEAR	26. HOUR	
1	TYPE	ORPRINT)  Dorothy	C	T.T	atson		9	Ma	220	27 1984	151	2 M T
1	3. SEX		4. RACE		5. DATE C	F BIRTH		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24	HRS
1		female.	Cauca	eion	MONTH 10	1 1	YEAR 13	70	YRS.	MONTHS DAYS	HOURS /	MIN.
A		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	NEVER /		9 BALTIMORE CITY C		Y OF DEATH		
		Maryalnd	USA		WIDOWE		VORCED [	Cecil Co				MD.
7	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INS	TITUTION	12a USUAL OCCUPAT	ION	126. KIND O	BUSINESS	OR
1	,	Elkton		n Hospita	_	Cecil	County	hswf &			cal	
1	USUA 130. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN		GIVE RESIDENCE BEFORE		13d. INSIDE C	ITY LIMITS?	13e. STREET ADDRESS		219	12	
7		Md Cec	i1	Chesapeak	e Cit	YES 🗔	NO 🗌	607 Bidd1	e St	reet	0	
	14. FA	THER'S NAME FIRST  HARLES	WIDDLE C	OOLING		1s. MOTHER	S MAIDEN NAM	MIDDLE		LAST		
í		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMA	INT	C'HESA,	DE A	45 C	174	
	- 11	no	WAR OR DATES	212-20-8	700	hu	sband	CHESTA		111	0	
		18. CAUSE OF DEATH (Enter an	y ane cause per							APPROXI BETWEEN C	MATE INTERVA	ATH
1		PART I. DEATH WAS CAUSED	D BY: E CAUSE (a)	Carcino	ma of	hreas	t with	metastases		11/2 11	are	
		1749	DUE TO. O	R AS A CONSEQUE				no sub		127	0010	
		Conditions, if ony, which	( (b)		70.0							
		gove rise to immediate cause (a), stating the	DUE TO, OI	R AS A CONSEQUE	NCE OF							
		underlying cause last.	(c)									
	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	DNTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART 110		
-	CERTIFICATION	COPD and AS	HD.	ITION FOR WHICH	ODEDATIO	L MAR DEBEC	DATED	20a AUTOPSY?	Tank IEV	ES, WERE FINDIN	CSUSED	_
/	FICA	IN DATE OF OPERATION	196 CONDI	ITION FOR WHICH	SPERATIO	N WAS PERFC	IKMED		IN CERT	IFYING CAUSES	OF DEATH?	,
No.	ERTI	21g. ACCIDENT WAS UNDERLYING	21b. TIME O	F IN ILIPY		121, HOW IN	IIIIPY OCCUPE	YES NO X	_	res 🗍	NO 🗆	
		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA			JOHN OCCORN	LED LEWISK WATORS OF INCO	A THE TEN TO	TARTI ORTARIZI		
	MEDICAL	(IF EITHER, NOTHY MEDICAL EXAMINER 216, INJURY OCCURRED	21e. PLACE		19	211 LOCATIO	ON					_
	ME	WHILE ONT WHILE ON AT WORK		REET, FACTORY, OFFICE, FA	RM ETC }	STREET		CITY OR TO	OWN	COUNTY	STAT	E
		22a.1 certify that (I) (this heaps	per reg se	FF	Jan	1	. 19 53	, to 3 - 2-7		19 84	that (1) (year	) fost
		sow the deceased olive on, abave, (I) (www.) (did) (did.)	H view the body		ty, ar	id that in (my)	(option o	deoth occurred on the d	ate and ho	our and from the	causes state	d
		226. SIGNATURE	. 1	0		DEGREE	TTELLOUIS	LIEDICAL STA		22c. DATE	SIGNED	347
,		wallow	Ollers	choin	- 1	NP-		DIRECTOR   PHYSIC		3-7	784	
		224. PHYSICIAN'S NAME (TYPE O				22e. ADDRES						
		Wallace	Obensha					. 21913				
	23a B	SPECIFICATION, REMOVAL	23h DATE	1-84 B	AME OF C	EMETERY OR	CREMATORY	23d. LOCATION	11	CECIL	A STAT	E
	D	138141	1	DE	ITT	1	- Inc. c	4-TICSHIEA	THE C	117	MP	
	24 FL	INERAL DIRECTOR	+1+0	ADDRESS	KESK	NEAN	MAR	30 1984	256. REGI	STRAR'S SIGNAT	URE	
	16	" TOKKP FUI	YENTL!	TOME C	014	1110		70	W WWW	Indexa-Nosla	100-24	

DHMH - 16 50M 4/B2 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the f should be detached for use as the buriol-transit permit. Then please remove carbonopopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If them 21 is marked or them 18 stoys any injury, an other troumotic event, the medical examiner marks to oxide



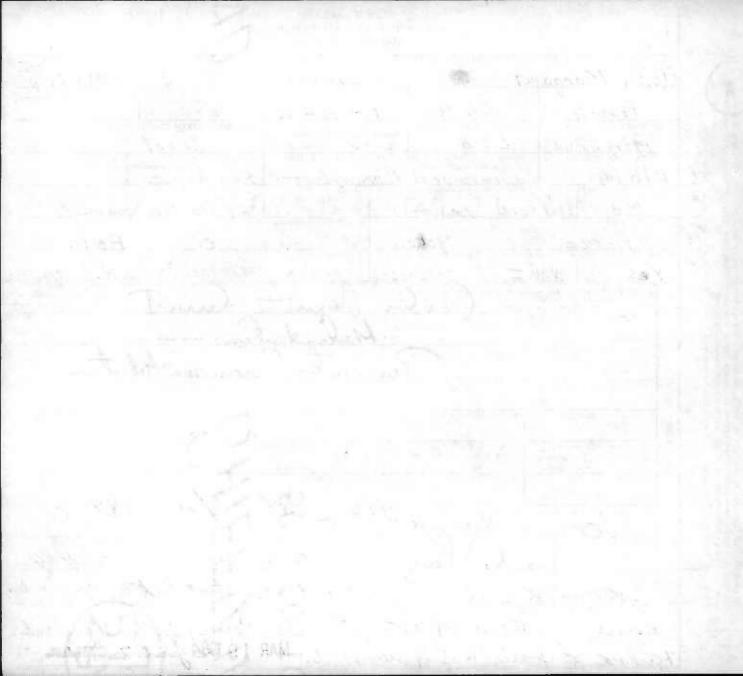
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter retained by the haspital or ottending physician.

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DE	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
CL	NNO Margai	ret "	Wessmann	3.	-12-84 11 p
3. SE		1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
/	Femolo	White	MONTH DAY YEAR 16	68 YR	MONTHS DAYS HOURS MIN
		76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
25	MARY Land	USA	WIDOWED DIVORCED	Ceer.	/ ,
E/10.0	EIK ton	11. NAME OF HOSPITAL, NURS IN  (IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION ADDRESS)  ADDRESS; And Conter	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS C INDUSTRY
USU	UAL RESIDENCE (IF NURSING HOME OF	THER INSTITUTION, GIVE RESIDENCE BEFORE		1,100,00	0,311
13a.	STATE 136 COUNTY	Ford Bel A	YES NO	324 Harlan	Sovare 7
ILF.	FATHER'S NAME	MIDDLE LAST .	15. MOTHER'S MAIDEN N.	AME	LAST
344	Pierce	11.0	m Man	C.	Bold
	WAS DECEASED EVER IN U.S. ARA		RITY NO. 17. INFORMANT	ADDRESS	
medi:	YES, NO OR UNKNOWN) (IF YES, GIVE	V. T. 100-26-	6657 Joan Cox	561 Bethel Cho	10-100-1001
4/	18. CAUSE OF DEATH (Enter onl	ly one couse per line for (o), (b), one	30 /	1- (	BETWEEN ONSET AND DEAT
ven	PART I. DEATH WAS CAUSED		Lis /lexuit	a level	
HC e	1579 IMMEDIA!		NOT OF 1	-	
OHO	Conditions	DUE TO, OR AS A CONSEQUE	MCE OF MCE OF	T.	the second
100	Conditions, if ony, which gove rise to immediate	(b)	- Inner	J. Aller	1 1 1
ther	couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NOE OF	A	4.8 0.
0 0 0		(c)	ancreave (	aremoma"	1411000
کی کے	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
8 stors ony injur	In DATE OF OPERATION	10h CONDITION FOR WILLIAM	ODERATION WAS DERECTURED	20a ALITOPSV2	YES, WERE FINDINGS USED
S // S	19a DATE OF OPERATION	TYD CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CE	RTIFYING CAUSES OF DEATH?
CZ E				YES NO X	YES NO
E	210. ACCIDENT WAS UNDERLYING	THE PARTY OF THE P	Y YEAR 216. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
A A	OR CONTRIBUTING CAUSE OF DEA	ATTA	19		
d or Item	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
ked M	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC)	1 2/	0-1
mor		tol) ottended the deceosed from	122 100	1 to 1/12	
.52	saw the destroyed glive on,	3/12/19/8	y, and that in (my) four) opinion	n death occurred on the date and	
3 2	obove, (1) we did ) did not 12h SIGNATURE	the body of ter/deg/h.	DEGREE		27r. DATE SIGNED
H He	THE WILLIAM TORE	1 Xhu	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
N N	274 PHYSICIAN'S MAME IT PEO	anini)	22e ADDRESS	A DIMECTOR MILISICIAIA	777
MPORTANT	11/20	Pa .		dge Street. El	Aton Marulan
M. M.	sept.	2 ansi			The said in the said
230.	BURNAL CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY
	BuriAL	115 Mas 1984 W	lest follingham	n Colora Ce	il, Marylan
4/82 24 F	FUNERAL DIRECTOR	ADDRESS	C 100 250 D	ATE REC'D. BY REGISTIVAR NO. REC	GISTRAR'S SIGNATURE
41	/. MAM9 1 (1	ADDRESS	VIII MI	417 1 9 1904 Aution	Davidson-Randelle



TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be find within 12 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

# STATE OF MARYLAND

1. DEC	- STATE REGISTRAR CEASED NAME	<b>P</b> IRST	MI	DDIE	CERTIF	FICATE OF DEATH	REG. N 20. DATE OF DEATH	O. MONTH DAY	YEAR 2b. H	HOUR
		RNOIG		W.	10,	1//15		3/19/	010	50
3. SEX	Х	4. R	ACE		5. DATE C	H DAY YEAR	6. AGE (IN YEARS LAST BIR			NDER 24 HRS
1	Male		White		JANU		76	YRS.		
1 0	IRTHPLACE (STATEOR F. COUNTRY) Maryland		บร	/HAT COUNTRY? SA	WIDOWE		9. BALTIMORE CITY C	1:1 /	1	٨
1	E/K TO	N	Unic	on Hospi	tal	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Productio	DE WORKING LIFE) IN	b. KIND OF BUSINGUSTRY L	Sudd C
13a. S	AL RESIDENCE (IF NURS STATE ary land	13b COUNTY Ceci	ER INSTITUTION G		RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS Laurel Ru	n Farm	219	21
	ATHER'S NAME FIRST George	MIDD		LAST Willi	120	15. MOTHER'S MAIDEN NA			Scott	- 1
	WAS DECEASED EVER	IN U.S. ARMED		166 SOCIAL SEC		17 INFORMANT	ADDR	ESS		
	NO OR UNKNOWN)	(" 1ES, GIVE WA	. J., DAIE3)	160-03-	9518	Mrs. Elizab	eth S. Will	is, Elkt	on, Md.	
	Conditions, if ony, gove rise to imm couse (a), stotin underlying couse	mediate ng the lost.	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQU	an gla	twe He	and for	lare		
FICATION	gove rise to imm couse (a), statin underlying couse	which mediate and the lost.	DUE TO, OR  (b)  DUE TO, OR  (c)  NDITIONS CO	AS A CONSEQU	JENCE OF DEATH BUT	T NOT RELATED TO THE TERA	200 AUTOPSY?	20b. IF YES, WEI	RE FINDINGS I	DEATH?
AL CERTIFICATION	gove rise to imm couse (a), storin underlying couse  PART 2 OTHER SIGN  19a. DATE OF OPERA  21a. ACCIDENT WAS UNIT OR CONTRIBUTING	which mediate go the lost.  NIFICANT CON  TION  DERLYING  CAUSE OF DEATH	DUE TO, OR  (b)  DUE TO, OR  (c)  DUITIONS CO  196 CONDIT	AS A CONSEQUENTRIBUTING TO	DEATH BUT	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEIN CERTIFYING	RE FINDINGS I CAUSES OF D	
MEDICAL CERTIFICATION	gove rise to imm couse (o), stotin underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERA'	which mediate go the lost.  NIFICANT CON  TION  DERLYING CAUSE OF DEATH CAL EXAMINER)  RED  HILE	DUE TO, OR  (b)  DUE TO, OR  (c)  JUITIONS CO  196 CONDIT  216. TIME OF HOUR A.M  P.M  216. PLACE C	AS A CONSEQUENTRIBUTING TO	D DEATH BUT H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	78b. IF YES, WEIN CERTIFYING YES URY IN ITEM 18 PART I C	RE FINDINGS I CAUSES OF D	DEATH?
	gove rise to imm couse (a), stolin underlying couse  PART 2 OTHER SIGN  19a. DATE OF OPERA  21a. ACCIDENT WAS UNCOR CONTRIBUTING (BETHER, NOTHY MED)  21d. INJURY OCCUR.  WHILE NOT WHAT WOR. NOT WHAT WORE  22a. I certify that (1)	which mediote go the lost.  NIFICANT CON  TION  DERLYING CAUSE OF DEATH CALEXAMINER)  RED  HILE RED  (this hospitol)	DUE TO, OR  (b)  DUE TO, OR  (c)  NDITIONS CO  19b CONDIT  21b. TIME OF HOUR A.N P.N  21e. PLACE O (AT HOME, STRE  offended the	AS A CONSEQUINTRIBUTING TO	DEATH BUT  H OPERATIO  DAY YEAR  19	21t. HOW INJURY OCCUR 21t. LOCATION STREET 2nd that i my (our) opinion	200 AUTOPSY? YES NO NO CITY OR TO	20b. IF YES, WEIN CERTIFYING YES URV IN ITEM 18 PART I COMM  OWN  19	RE FIND INGS (CAUSES OF D NO DR PART 2)	STATE  STATE  (1) We) lo
	gove rise to imm couse (a), storin underlying couse  PART 2 OTHER SIGN  19a. DATE OF OPERA  21a. ACCIDENT WAS UNIT OR CONTRIBUTING (#FEITHER, NOTHER AT WORK  WHILE NOTHER AT WORK  22a. I certify that (1)  33b. SIGNATURE	which mediate go the lost.  NIFICANT CON  TION  DERLYING CAUSE OF DEATH (CAL EXAMINER)  RED  HILE CAUSE OF DEATH (CAL EXAMINER)  RED  did Lodd not wonding of the cause of the	DUE TO, OR  (b)  DUE TO, OR  (c)  NDITIONS CO  19b CONDIT  21b. TIME OF HOUR A.N P.N  21e. PLACE O (AT HOME, STRE  offended the	AS A CONSEQUINTRIBUTING TO	DEATH BUT  H OPERATIO  DAY YEAR  19	21t. HOW INJURY OCCUR  21f. LOCATION STREET  2nd that is (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY? YES NO NO CITY OR TO	20b. IF YES, WEIN CERTIFYING YES URY IN ITEM 18 PART I COMM  OWN  19  dote ond hour ond	REFINDINGS G CAUSES OF D NO	STATE  STATE  (1) We) lo
	gove rise to imm couse (a), stolin underlying couse  PART 2 OTHER SIGN  19a. DATE OF OPERA  21a. ACCIDENT WAS UNCOR CONTRIBUTING (BETHER, NOTHY MED)  21d. INJURY OCCUR.  WHILE NOT WHAT WOR. NOT WHAT WORE  22a. I certify that (1)	which mediate go the lost.  NIFICANT CON  TION  DERLYING CAUSE OF DEATH (CAL EXAMINER)  RED  HILE CAUSE OF DEATH (CAL EXAMINER)  RED  did Lodd not wonding of the cause of the	DUE TO, OR  (b)  DUE TO, OR  (c)  NOTITIONS CO  196 CONDIT  216. PLACE C (AT HOME, STRE  offended the	AS A CONSEQUENTRIBUTING TO	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	21c. HOW INJURY OCCUR 21f. LOCATION STREET 20nd that is (my) (our) opinion DEGREE	200 AUTOPSY?  YES NO	20b. IF YES, WEIN CERTIFYING YES  UNIVERSALE OWN   19  dote and hour and	RE FIND INGS I CAUSES OF E NO COUNTY  LOUNTY  Lounty  Lounty  22c. Date Sign	STATE  STATE  (1) We) loes stoted

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G PHYSICIAM. The law requires that the death certificate be executed within 24 hours after declaration on the law requires that the artification are the certification and completely filled in by the function and completely filled in by the functional artification perior. Then please remove containablests flages hand 2 shauld be filled within and favoral trains prior to business, crembon, or seminari, from please prior to business removed.	DESPITAL OF JENDING PHYSICIAM. The law inquires that the death certificate be executed within 24 hours after declared by the highest DESPITAL OF LINEAR SECTION After the certificate has despitated by the attending physician and cempletely filled in by the functional bedracked for use as the burnal remains permit. Then places remove containing physician and cempletely filled in by the functional bedracked for use as the burnal remain permit. Then places remove containing the part Pages hand 2 should be filled within the filled by the functional bedracked for use as the burnal remaining physician and handle by the purity, creation or semination.			Via-	10
the fallend or	4 425 -	DIVISION OF VITAL KELORDS, AUT W. FRESTON ST., BALLIMORE, MARTEME LIAM	D HOSPITAL OF ENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer department by the histopial or attending physician.	O FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funery hould be detached to use as the burish-trains period. Then please remove corbonopers, Pages, hand 2 should be filled within 20 and basis and Abanian and it is burish for example or seminant.	APORTANT. If them 21 is marked or them 18 slabers any rejury, or other traumatic event, the medical examiner marker net this district.

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(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20 DATE OF DEATH DECEASED NAME 26 HOUR THREE COLUMNS IN Edward Willis March 29, 1984 4:45P M 4 PACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS SEX MONTH YEAR August 14.1919 Black MINTHPLACE INTARE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Florida DIVORCED [ WIDOWED Cecil NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR CITY OR TOWN OF DEATH 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Perry Point V.A.M.C. US Army Perry Point Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 21001 1427 Perrywood Dr. Aberdeen. Maryland Harford Aberdeen YES T NOX A FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Willis Shedrick Willis Georgia ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) VAMC, Perry Point, Maryland 263 20 5296 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: Carcinoma of colon with metastasis IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20h IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOXX NO [ 218. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STOFFT NOT WHILE 84 1761 certify that X (this haspital) attended the deceased from saw the deceased alive an and that in (aur) apinian death accurred an the date and haur and fram the causes stated abave, M (we) (did) (M M wiew the body after death 22b SIGNATURE DEGREE 22t. DATE SIGNED ATTENDING MEDICAL STAFF 3-29-84 PHYSICIAN [] DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) MAHMUT N. ATAY, M.D. VAMC. Perry Point. Maryland 23d LOCATION 23c NAME OF CEMETERY OR CREM STORY 23a. BURIAL, CREMATION, REMOVAL

(SPECIFY) Apr. 4. 1984 Arlington Nathanal Burial Arlington, Arlington, Virgina 24 FUNERAL DIRECTOR 258 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE whia Davidson-Randelle Tarring Funeral Home, Aberdeen, Maryland 21001



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